



Current Contents/Science Edition <1996 Week 01 to 2004 Week 26>

Results of your search: from 1 [Restored results: SmkHlth 20040612T092307] keep 1-98

Results available: 98

Results displayed: 1-98

[Logoff](#)

Citation 1.

Authors

Ekuklu G. Deveci S. Eskioçak M. Berberoglu U. Saltik A.

Title

Alcoholism prevalence and some related factors in Edirne, Turkey

Source

Yonsei Medical Journal. 45(2):207-214, 2004 Apr 30.

Abstract

The aim of this research was to estimate the community prevalence of alcoholism and the potential risk factors that affect it in the Edirne provincial centre by using a scanning test.

A cross-sectional study was carried out in the Edirne provincial centre. A sample population composed of 500 women and 200 men was selected randomly after the categorisation of the population according to ethnicity, age and sex. Through face-to-face interviews, data collection sheets, which were prepared to analyse potential factors affecting alcoholism frequency, were filled in by the sample population. The Michigan Alcoholism Scanning Test (MAST) was employed. According to MAST's normal grading, individuals with 5 or more points are evaluated as alcoholics.

Accordingly, 8.2% of the sample population fit the definition of alcoholic. Alcoholism frequency was considerably higher in gypsies, the self-employed, smokers, and people with higher income. From logistic regression analysis alcoholism frequency was 12.4 times higher in men than in women, 3.2 times higher in gypsies than in others, 1.9 times higher in people who earned an income in the preceding week than in the unemployed, and 3.7 times higher in individuals who had smoked more than 100 cigarettes during their life or those who had smoked at least 1 cigarette for 3 months or for a longer period than in those who hadn't smoked any cigarettes.

The prevalence of alcoholism in the Edirne provincial centre was similar to that in other countries in Europe. The most important finding was that alcohol consumption decreased in the unemployed, a finding that differs from that in other parts of the world. Gypsies, who differ in tradition, way of life, and job compared to the other strata of society, also suffered from higher alcohol consumption. This group usually consumed wine and generally did not eat while drinking. [References: 25]

Publication Type

Article

Citation 2.

Authors

Kiykim AA. Camsari A. Kahraman S. Arici M. Altun B. Cicek D. Erdem Y. Yasavul U. Turgan C. Caglar S. Oto A.

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Title

Increased incidence of carotid artery wall changes and associated variables in hemodialysis patients without symptomatic cardiovascular disease

Source

Yonsei Medical Journal. 45(2):247-254, 2004 Apr 30.

Abstract

Cardiovascular disease (CVD) is still the major cause of the morbidity and mortality in hemodialysis (HD) patients. The characteristics of major arterial changes, atherosclerosis and related risk factors in HD patients remain unclear. We aimed to evaluate the atherosclerotic process in asymptomatic HD patients and healthy volunteers, and to determine the association between the risk factor(s) and the atherosclerotic process in these groups. 92 HD patients (female: 43, male: 49) and 62 age and sex matched healthy volunteers (female: 27, male: 35) were enrolled in this study. Diabetics, smokers, and patients with symptomatic CVD were excluded. The right and left carotid intima-media thicknesses (CIMTs) were measured and plaque structures were studied by B-mode ultrasound. The mean CIMT in patients and control group were 0.79 ± 0.16 mm and 0.54 ± 0.09 mm, respectively. Mean CIMT in HD patients was thicker ($p < 0.001$) and the presence ratio of plaque was higher in patients group ($n = 38$, % 61.2 vs $n = 9$, % 17.3) ($p < 0.001$). Calcified type of plaque was more frequent in HD patients than control group. Age ($r = 0.48$, $p < 0.001$), left ventricular mass ($r = 0.42$, $p < 0.05$), and homocysteine ($r = 0.46$, $p < 0.01$), mean hematocrit ($r = -0.36$, $p < 0.05$), plasma CR-P ($r = 0.50$, $p < 0.001$), ESR ($r = 0.43$, $p < 0.01$) and albumin ($r = -0.34$, $p < 0.05$) levels were correlated with the CIMT measurements and plaque presence, significantly. CIMT as an atherosclerotic process indicator is thicker in asymptomatic HD patients than healthy subjects. We concluded that in addition to various classical risk factors, uremic environment may also contribute to acceleration of the atherosclerotic process. [References: 35]

Publication Type

Article

Citation 3.

Authors

Neuberger M. Moshhammer H.

Title

Suspended particulates and lung health [German]

Source

Wiener Klinische Wochenschrift. 116(Suppl 1):8-12, 2004.

Abstract

Based on several severe air pollution episodes, a temporal correlation between high concentrations of particulate matter (PM) and SO₂ pollution and acute increases in respiratory and cardiopulmonary mortality had been established in Vienna for the 1970's. After air pollution had decreased in Austria in the 1980's - as documented by data on SO₂ and total suspended particles (TSP) - no such associations between day-to-day changes of SO₂ and TSP and mortality have been documented any more, however, traffic related pollutants like fine particles and NO₂ remained a problem. Therefore, short term effects of PM on lung function, morbidity and mortality were investigated in Vienna, Linz, Graz and a rural control area. Long-term exposure and chronic disease - even more important for public health - were studied in repeated cross-sectional, a mixed longitudinal and a birth cohort study on school children in the city of Linz. Lung function growth was found impaired from long-term exposure to air pollutants and improved in districts where ambient air pollution had decreased. Where only TSP and SO₂ had decreased, no continuous improvement of small airway function was found and end-expiratory flow rates stayed impaired where NO₂-reduction from technical improvements of cars and

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

industry was counterbalanced by increase of motorized (diesel) traffic. Remaining acute effects of ambient air pollution in 2001 from PM, NO₂ and co-pollutants found in a time series study also show that continuing efforts are necessary. Active surface of particles inhaled several hours to days before spirometry was found related to short-term reductions in forced vital capacity-FVC ($p < 0.01$), forced expiratory volume in one second-FEV₁ ($p < 0.01$) and maximal expiratory flow rate at 50% of vital capacity-MEF50 ($p < 0.05$). In pupils with asthma or previous airway obstruction 4-week-diaries proved that the following symptoms increased with acute exposure to higher active surface of particles: wheezing ($p < 0.01$), dyspnea, cough when going to sleep, cough at night ($p < 0.05$). Efforts to reduce exposure to fine particles from motor traffic and passive smoking have to be increased if we want to achieve full recovery of children from air pollution effects and best respiratory performance in adulthood. Surveillance seems to be necessary not only for particle mass but also for particle number and surface. Little is known on the mechanisms of irreversible long-term effects of PM such as myocardial infarction and cancer. In a prospective cohort study on 1630 dust-exposed and 1630 non dust-exposed workers matched for smoking we found an increase of lung cancer related to nonfibrous insoluble PM. Other studies were able to relate lung cancer to specific particles like those from diesel engines, and a large prospective study of the American Cancer Society was able to link lung cancer in the general population with long-term exposure to fine particles from combustion processes. All these recent epidemiological findings will have consequences for occupational and ambient air PM standards. [References: 12]

Publication Type
Article

Citation 4.

Authors

Yildiz D.

Title

Nicotine, its metabolism and an overview of its biological effects [Review]

Source

Toxicol. 43(6):619-632, 2004 May.

Abstract

Nicotine is a naturally occurring alkaloid found in many plants. The principal Sources of nicotine exposure is through the use of tobacco, nicotine containing gum and nicotine replacement therapies. Nicotine is an amine composed of pyridine and pyrrolidine rings. It has been shown that nicotine crosses biological membranes and the blood brain barrier easily. The absorbed nicotine is extensively metabolized in the liver to form a wide variety of metabolites including nicotine N-oxide and cotinine A-oxide. These are the products of mixed function oxidase system. Nicotine is also converted to some biologically important compounds during harvesting. Among these are the nitrosamines specific to tobacco. Nicotine has been shown to affect a wide variety of biological functions ranging from gene expression, regulation of hormone secretion and enzyme activities. The objective of this Study was to overview the biological effects and metabolism of nicotine. (C) 2004 Elsevier Ltd. All rights reserved. [References: 142]

Publication Type
Review

Citation 5.

Authors

Hansen LJ, Olivarius ND, Siersma V, Drivsholm T, Andersen JS.

Title

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Individualised treatment goals in diabetes care

Source

Scandinavian Journal of Primary Health Care. 22(2):71-77, 2004 Jun.

Abstract

Objectives - To examine 1) patients' characteristics according to the treatment goal chosen at diabetes diagnosis, and 2) the association between individualised goals for glycated haemoglobin (HbA_{1c}), blood pressure (BP) and lipids, and the risk factor level subsequently achieved.

Design - Follow-up study embedded in a multifaceted intervention study directed at doctors encouraging individualised goal-setting in newly diagnosed diabetic patients aged greater than or equal to 40 years.

Setting - General practice.

Subjects - In all, 243 general practitioners and 674 patients participated.

Main outcome measures - Risk factors for diabetic complications.

Results - Relatively young age, low diagnostic plasma glucose, low BMI, a moderate or high level of physical activity and normoalbuminuria were associated with a treatment goal of good control at diagnosis. After 5 years, median HbA_{1c} was 8.2%, 8.6% and 8.0% in patients with a goal of good, acceptable and poor control, respectively. Patients with a goal of good control versus those with a goal of acceptable control had a lower HbA_{1c} level in a regression analysis adjusted for age, sex, HbA_{1c} at diagnosis, BMI, total cholesterol, fasting triglycerides, BP, physical activity, smoking status and diabetes duration. We found no association between goals and the level of BP and lipids.

Conclusion - Doctors tend to pursue normoglycaemia in relatively young patients with low blood glucose, low BMI, high activity level and normoalbuminuria. Patients for whom a goal of normoglycaemia was chosen at diagnosis achieved favourable glycaemic control at 5-year follow-up. Whether doctors choosing the goals were good at predicting future glycaemic control, or whether goal-setting is an important motivational factor in achieving optimal glycaemic control needs to be explored. [References: 21]

Publication Type
Article

Citation 6.

Authors

Lagerstrom F, Fredlund H, Holmberg H.

Title

Sputum specimens can be obtained from patients with community-acquired pneumonia in primary care

Source

Scandinavian Journal of Primary Health Care. 22(2):83-86, 2004 Jun.

Abstract

Objective -To improve the aetiological diagnosis in community-acquired pneumonia (CAP) increased efforts were made to obtain expectorated sputum specimens from patients with CAP.

Design - A prospective, clinical study. Patients were encouraged to cough spontaneously and to expectorate a sputum specimen. If unsuccessful, they were asked to inhale nebulized hypertonic

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

saline to induce secretion and cough.

Setting - One primary health care centre in Orebro, Sweden.

Subjects - Patients attending the Health Centre with acute symptoms of CAP.

Main outcome measures - Availability and quality of sputum specimen from patients with CAP in primary care.

Results - 177 patients were included, 63% were women and the mean age was 51 years. 28% were smokers and 46% showed infiltrates on chest X-ray. Sputum specimens were obtained from 125 patients. Fifty-nine were expectorated spontaneously and 66 were induced. Ninety-one of the specimens were found to be acceptable, whereas 34 were discarded. Potential pathogens were found in 57% of the 91 specimens.

Conclusion - Acceptable sputum specimens can be obtained with some effort from approximately half of the patients in primary care. Sputum culture might improve the knowledge of the bacterial aetiology of CAP in selected patients and in epidemiological studies.

[References: 12]

Publication Type
Article

Citation 7.

Authors

Carretero J. Medina PP. Pio R. Montuenga LM. Sanchez-Cespedes M.

Title

Novel and natural knockout lung cancer cell lines for the LKB1/STK11 tumor suppressor gene

Source

Oncogene. 23(22):4037-4040, 2004 May 13.

Abstract

Germline mutations of the LKB1 gene are responsible for Peutz-Jeghers syndrome (PJS), an autosomal dominant inherited disorder bestowing an increased risk of cancer. We have recently demonstrated that LKB1 inactivating mutations are not confined to PJS, but also appear in lung adenocarcinomas of sporadic origin, including primary tumors and lung cancer cell lines. To accurately determine the frequency of inactivating LKB1 gene mutations in lung tumors we have sequenced the complete coding region of LKB1 in 21 additional lung cancer cell lines. Here we describe the mutational status of LKB1 gene in 30 lung cancer cell lines from different histopathological types, including 11 lung adenocarcinomas (LADs) and 11 small cell lung cancers (SCLCs). LKB1 gene alterations were present in six (54%) of the LAD cell lines tested but in none of the other histological types. Similar to our previous observations in primary tumors, all point mutations were of the nonsense or frameshift type, leading to an abnormal, truncated protein. Moreover, 2 cell lines (A427 and H2126) harbored large gene deletions that spanned several exons. Hence, we have identified additional lung cancer cell lines carrying inactivating mutations of the LKB1 tumor suppressor gene, further attesting to the significance of this gene in the development of LADs and providing new natural LKB1 knockouts for studies of the biological function of the LKB1 protein. [References: 24]

Publication Type
Article

Citation 8.

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Authors

McLean D. Cheng S. '1 Mannetje A. Woodward A. Pearce N.

Title

Mortality and cancer incidence in New Zealand meat workers

Source

Occupational & Environmental Medicine. 61(6):541-547, 2004 Jun.

Abstract

Aims: To ascertain whether there is an increased risk of cancers of the lung and lymphohaematopoietic tissue in workers employed in the New Zealand meat processing industry, and to identify exposures associated with any increased risks.

Methods: A cohort of 6647 individuals assembled from personnel records from three plants was followed from 1988 until 2000. The observed number of deaths and cancer registrations was compared with expected numbers using five year age and gender specific rates for the New Zealand population. Subgroup analyses evaluated the effect of duration of exposure to selected agents, based on job titles and departments.

Results: Vital status was determined for 84% of the cohort, and 92% of the total possible person-years. Mortality from all causes and all cancers was increased, and there was a significant excess of lung cancer. There were significant trends of increasing risk of lung and lymphohaematopoietic cancer with increasing duration of exposure to biological material.

Conclusions: Excess risks were observed for mortality from all causes, all cancers, and lung cancer. Although the increased risk of lung cancer may be partly due to confounding by smoking, it is unlikely to be entirely due to this cause. Furthermore, the dose-response relation observed for lung cancer suggests the effect is related to exposure to biological material contained in animal urine, faeces, and blood. Although numbers were small, the risk of lymphohaematopoietic cancer was also associated with increasing duration and level of exposure to biological material. [References: 48]

Publication Type
Article

Citation 9.

Authors

Carbone GM. McGuffie E. Napoli S. Flanagan CE. Dembech C. Negri U. Arcamone F. Capobianco ML. Catapano CV.

Title

DNA binding and antigene activity of a daunomycin-conjugated triplex-forming oligonucleotide targeting the P2 promoter of the human c-myc gene

Source

Nucleic Acids Research. 32(8):2396-2410, 2004 Apr.

Abstract

Triplex-forming oligonucleotides (TFO) that bind DNA in a sequence-specific manner might be used as selective repressors of gene expression and gene-targeted therapeutics. However, many factors, including instability of triple helical complexes in cells, limit the efficacy of this approach. In the present study, we tested whether covalent linkage of a TFO to daunomycin, which is a potent DNA-intercalating agent and anticancer drug, could increase stability of the triple helix and activity of the oligonucleotide in cells. The 11mer daunomycin-conjugated GT (dauno-GT11) TFO targeted a sequence upstream of the P2 promoter, a site known to be critical for transcription of the c-myc gene. Band-shift assays showed that the dauno-GT11 formed

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

triplex DNA with enhanced stability compared to the unmodified TFO. Band shift and footprinting experiments demonstrated that binding of dauno-GT11 was highly sequence-specific with exclusive binding to the 11 bp target site in the c-myc promoter. The daunomycin-conjugated TFO inhibited transcription in vitro and reduced c-myc promoter activity in prostate and breast cancer cells. The daunomycin-conjugated TFO was taken up by cells with a distinctive intracellular distribution compared to free daunomycin. However, cationic lipid-mediated delivery was required for enhanced cellular uptake, nuclear localization and biological activity of the TFO in cells. Dauno-GT11 reduced transcription of the endogenous c-myc gene in cells, but did not affect expression of non-target genes, such as ets-1 and ets-2, which contained very similar target sequences in their promoters. Daunomycin-conjugated control oligonucleotides unable to form triplex DNA with the target sequence did not have any effect in these assays, indicating that daunomycin was not directly responsible for the activity of daunomycin-conjugated TFO. Thus, attachment of daunomycin resulted in increased triplex stability and biological activity of the 11mer GT-rich TFO without compromising its specificity. These results encourage further testing of this approach to develop novel antineoplastic therapeutics. [References: 77]

Publication Type
Article

Citation 10.

Authors

Church MW, Holmes PA, Tilak JP, Hotra JW.

Title

Prenatal cocaine exposure influences the growth and life span of laboratory rats

Source

Neurotoxicology & Teratology. 26(3):429-441, 2004 May-Jun.

Abstract

Laboratory rats prenatally exposed to alcohol, nicotine, amphetamine, undernutrition or hypoxia can exhibit shortened life span and other signs of enhanced age-related degeneration. We evaluated the possibility of similar effects following prenatal cocaine exposure. Pregnant rats received 20 or 40 mg/kg cocaine HCl subcutaneously (C20, C40), twice daily, from gestation days (GD) 7-20. Untreated control (UTC) and pair-fed control (PFC) groups were also used. The pregnant C40, C20, and PFC dams ate less food and gained less weight than the UTC dams did. The pregnant C40 and C20 dams drank more water than the UTC dams did, and the pregnant PFC dams drank less than the UTC dams did. The C40 and PFC offspring had delayed earflap openings. The C40 male and female offspring had lower birth weights than their cohorts in the other three groups. The C40 female and male offspring remained significantly underweight until postnatal day (PND) 28 and PND56, respectively. During young adulthood, the males and females in the C20, C40, and PFC groups had normal body weights. During old adulthood, however, the C20 and C40 males and the C20, C40, and PFC females developed reduced body weights as compared with their UTC cohorts. The C20 and C40 male offspring and the C20, C40, and PFC female offspring also had life spans that were 7-12% shorter than that of their UTC cohorts. Thus, groups that showed reduced body weights in old age also showed shorter life spans. These results provided converging evidence that prenatal cocaine exposure caused enhanced age-related degeneration. Observations on cardiac and other organ pathology were also made. Health implications for children born to cocaine-abusing women are discussed. (C) 2004 Elsevier Inc. All rights reserved. [References: 51]

Publication Type
Article

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Citation 11.

Authors

Siqueira LM, Diaz A.

Title

Fostering resilience in adolescent females

Source

Mount Sinai Journal of Medicine. 71(3):148-154, 2004 May.

Abstract

The health of adolescent females can be compromised by new social morbidities resulting from high-risk behaviors. The presence of various risk factors will increase the chances of their becoming involved in these behaviors and decrease their ability to reach the milestones of this developmental age. Protective factors will moderate these risks. Physicians and other health care providers can help foster resilience in the face of adversity by developing a better understanding of these factors and using a multidisciplinary approach to care. [References: 32]

Publication Type
Article

Citation 12.

Authors

Pastore DR, Techow B.

Title

Adolescent school-based health care: A description of two sites in their 20th year of service

Source

Mount Sinai Journal of Medicine. 71(3):191-196, 2004 May.

Abstract

Purpose: While there are currently nearly 1,400 school-based health centers (SBHC) nationwide, only 20% have been in operation for more than 10 years. The Mount Sinai Adolescent SBHC Program is now in its 20th year of service. The purpose of this study is to: (a) present the demographic data for 2003 high school SBHC medical visits, including age, sex and insurance status; (b) describe the current prevalence of medical and psychosocial risk factors of the students seen for examination; and (c) present general distributions for psychosocial risk factors found in 1988 archival information and note differences from current risk factors.

Methods: A retrospective chart review was conducted in high school A, whose SBHC serves students mainly interested in going to college, and in high school B, whose SBHC has a heterogeneous population with a large proportion of recent immigrants. Data collected included demographic variables as well as reports of risk factors such as: considering oneself to be overweight, history of sexual activity, history of sexually transmitted diseases, same-sex attraction, use of alcohol, cigarette smoking, use of marijuana, suicidal ideation and exposure to violence.

Results: For those participating from high school A (n=231): 78% female, mean age 15.75; asthma (17%); think oneself overweight (30%); family member with HIV (11%); sexually active (35%); same-sex attraction (3%); cigarette use (14%); marijuana use (13%); alcohol use (38%); suicide ideation (14%); witnessed violence (37%); and overweight and obese (33%). For those participating from high school B (n=241): 64% female; mean age 16; asthma (16%); think oneself overweight (32%); family member with HIV (9%); sexually active (43%); same-sex attraction (7%); cigarette use (38%); marijuana use (24%); alcohol use (53%); suicide ideation (23%); witnessed violence (33%); and overweight and obese (31%). In 1988, students at these

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

schools reported: sexually active status (41%); marijuana use (13%); cocaine use (12%); alcohol use (20%); and sadness/depression (43%).

Conclusions: While a snapshot of the risk factors in 2003 might indicate that sexual activity has decreased somewhat, substance use, as well as eating-related and AIDS-related issues have come to the forefront. SBHCs continue to serve students with intense medical and psychological needs. It remains crucial that SBHCs provide comprehensive medical and mental health services. [References: 19]

Publication Type
Article

Citation 13.

Authors

Kirchhoff C. Araki Y. Huhtaniemi J. Matusik RJ. Osterhoff C. Poutanen M. Samalecos A. Sipila P. Suzuki K. Orgebin-Crist MC.

Title

Immortalization by large T-antigen of the adult epididymal duct epithelium

Source

Molecular & Cellular Endocrinology. 216(1-2):83-94, 2004 Mar 15.

Abstract

The SV40 large T-antigen has been widely used to convert various cell types to a transformed phenotype, and also to induce progressive tumours in transgenic animals. The objectives of this review are to compare and discuss three different approaches to generate epididymal epithelial cell lines using the large T-antigen. In the first approach, retroviral transfection of primary cultures was used to immortalize canine epididymal cells in vitro; the other two approaches used transgenic mice expressing the large T-antigen. In one of these in vivo approaches, a construct consisting of the coding sequence of a temperature sensitive (ts) SV40 large T-antigen was inserted in a mouse genome. When the cells are exposed to the permissive temperature of 33degreesC, functional expression of the large T-antigen occurs and cells start to proliferate. In the second in vivo approach a tissue-specific promoter, the 5kb GPXS promoter, was used to direct expression of the large T-antigen to the epididymal duct epithelium. (C) 2003 Elsevier Ireland Ltd. All rights reserved. [References: 94]

Publication Type
Article

Citation 14.

Authors

Morgan TM. Crawford L. Stoller A. Toth D. Yeo KJJ. Baron JA.

Title

Acute effects of nicotine on serum glucose, insulin, growth hormone, and cortisol in healthy smokers

Source

Metabolism: Clinical & Experimental. 53(5):578-582, 2004 May.

Abstract

Cigarette smoking impairs glucose tolerance and alters serum levels of hormones involved in glucose metabolism, but the role of nicotine in such hormonal alterations is not well understood. In order to isolate the effects of transdermal nicotine on serum glucose, insulin, growth hormone, and cortisol in smokers, we conducted a randomized double-blind placebo-controlled cross-over study involving 34 healthy volunteer smokers between 18 and 55 years of age. Administration of

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

a 14-mg transdermal nicotine patch resulted in nonsignificantly lowered fasting quantitative insulin-sensitivity index ($P = .11$) and a nonsignificant 9.3-mg/dL mean increase in serum glucose levels during a 75-g oral glucose tolerance test (OGTT) at time 60 minutes ($P = .12$). There were no substantial differences between groups in the areas under the curve (AUCs) for glucose ($P = .33$) or insulin ($P = .79$) during the OGTT. Levels of insulin and cortisol also were not significantly altered by nicotine. A secondary finding observed in the overall study group (primarily in females) was that nicotine caused a 29% median decrease in serum growth hormone ($P = .02$). We conclude that nicotine patches may lead to mild hyperglycemia and lowered insulin sensitivity. Further research is needed to determine the clinical implications of the unexpected finding that nicotine decreased growth hormone levels in female smokers. (C) 2004 Elsevier Inc. All rights reserved. [References: 49]

Publication Type
Article

Citation 15.

Authors

Chen Z. Kooperberg C. Pettinger MB. Bassford T. Cawley JA. LaCroix AZ. Lewis CE. Kipersztok S. Borne C. Jackson RD.

Title

Validity of self-report for fractures among a multiethnic cohort of postmenopausal women: results from the Women's Health Initiative observational study and clinical trials

Source

Menopause. 11(3):264-274, 2004 May-Jun.

Abstract

Objective: The purpose of this study is to examine the validity of, and factors associated with, the accuracy of self-report (participant-report and proxy-report) for fractures.

Design: Study participants were from the Women's Health Initiative Clinical Trial and Observational Study cohorts. All women were postmenopausal; populations included American Indian, Asian/Pacific Islander, black, Hispanic, and non-Hispanic white. The average length of follow-up was 4.3 years. Self-reported fractures were adjudicated by reviewing medical records. The first adjudicated self-report of fractures for each participant was included in the analysis ($n = 6,652$).

Results: We found substantial variations in validity of self-report by the fracture site. Agreements between self-reports for single-site fractures and medical records were high for hip (78%) and forearm/wrist (81%) but relatively lower for clinical spine fractures (51%). The average confirmation rate for all single-site fractures was 71%. Misidentification of fracture sites by participants or proxy-reporters seemed to be a cause of unconfirmed self-reports. Higher confirmation rates were observed in participant-reports than in proxy-reports. Results of the multivariate analysis indicated that multiple factors, such as ethnicity, a history of osteoporosis or fractures, body mass index, years since menopause, smoking status, and number of falls in the past year were significantly ($P < 0.05$) related to the validity of self-report.

Conclusion: The validity of self-reports for fracture varies by fracture sites and many other factors. The assessed validity in this study is likely conservative because some of the unconfirmed self-reports may be due to poor medical record systems. The validity of self-reports for hip and forearm/wrist fractures is high in this study, supporting their use in epidemiological studies among postmenopausal women. [References: 11]

Publication Type

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Article

Citation 16.

Authors

Guthrie JR. Taffe JR. Lebert P. Burger HG. Dennerstein L.

Title

Association between hormonal changes at menopause and the risk of a coronary event: a longitudinal study

Source

Menopause. 11(3):315-322, 2004 May-Jun.

Abstract

Objective: To investigate the association of hormone levels at menopause, lifestyle variables, and body composition with the predicted 10-year risk of a coronary event, calculated using the PROCAM scoring system, in a population-based sample of Australian-born, middle-aged women.

Design: A 9-year prospective study of 438 Australian-born women, who at baseline were aged 45 to 55 years and had menstruated in the prior 3 months. Interviews, fasting blood, and physical measurements were taken annually. The risk of an acute coronary event was calculated using the PROCAM scoring system (includes: age, low-density lipoprotein cholesterol, smoking, high-density lipoprotein cholesterol, systolic blood pressure, family history of premature myocardial infarction, diabetes mellitus, and triglycerides).

Results: Retention rate after 8 years of follow-up was 88% (n=387). In women not using hormone therapy (HT): higher than average body mass index (BMI) ($P<0.001$), BMI that increased ($P<0.005$), lower than average estradiol levels ($P<0.005$), estradiol levels that decreased ($P<0.001$), and high free testosterone levels ($P<0.05$) were associated with increased risk of a coronary event. There was a trend for high exercise frequency to be associated with a decreased risk ($P<0.07$). After BMI and lifestyle variables were taken into account, use of HT did not have a significant effect on risk of a coronary event.

Conclusion: In this longitudinal observational study of middle-aged Australian-born women, high BMI, an increase in BMI, high free testosterone, low estradiol, and a decrease in estradiol levels were the main determinants of increased risk of an acute coronary event, based on the PROCAM scoring system calculation. More frequent exercise tended to lower the risk. [References: 39]

Publication Type

Article

Citation 17.

Authors

Tremolieres FA. Bauvin E. Cigagna F. Pouilles JM. Cauneille C. Arnaud C. Ribot C.

Title

Association of cardiovascular risk factors with intima-media thickness of the carotid arteries in early postmenopausal women

Source

Menopause. 11(3):323-330, 2004 May-Jun.

Abstract

Objective: The aim of this study was to examine the association between carotid intima-media

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

thickness (IMT) and coronary heart diseases (CHD) risk factors in a large population of peri- and postmenopausal women.

Design: Participants in this study were 906 healthy peri- and postmenopausal women from southwestern France, 45 to 65 years old with no history of cardiovascular disease and no utilization of estrogen/hormone therapy. Women were classified either as perimenopausal (n=240) or postmenopausal (n=666) according both to the regularity of menses and to serum follicle-stimulating hormone and estradiol values. All women answered a questionnaire, which included 72 questions, related to the identification of familial and personal cardiovascular risk factors. Biological measurements were performed to evaluate their lipid-lipoprotein profiles and fasting glucose levels. Ultrasonography was used to measure IMT and total body scanners by DXA were performed to determine the percentage of body fat.

Results: Multiple regression analyses were used to examine the ability of each variable to explain IMT values. Mean IMT of the right carotid artery was 0.520 (+/-0.07) mm. Of the 906 women, 9% were currently taking lipid-lowering drugs, 12.8% and less than 2% were being treated for hypertension and diabetes, respectively. Additionally, 124 women were found to have current hypertension, 10% had a familial history of CHD, and 18% were regular smokers. In multiple regression analyses, only increasing age ($P<0.001$) and systolic and diastolic blood pressure ($P<0.001$) were independently and significantly associated with IMT.

Conclusions: These results show that only a few risk factors were associated with IMT in this population of healthy peri- and postmenopausal women. These results might be related to the fact that this study was conducted in an area of France well known for having the lowest rates of CHD in women, which is further supported by the thinner IMT found in this population as compared with a higher-risk population. Therefore, these results might not be relevant for CHD in older or high-risk women. [References: 36]

Publication Type

Article

Citation 18.

Authors

Tsai JF. Jeng JE. Chuang LY. Ho MS. Ko YC. Lin ZY. Hsieh MY. Chen SC. Chuang WL. Wang LY. Yu ML. Dai CY.

Title

Habitual betel quid chewing and risk for hepatocellular carcinoma complicating cirrhosis [Review]

Source

Medicine. 83(3):176-187, 2004 May.

Abstract

This case-control study aimed to assess the independent and interactive role of habitual betel quid chewing and known risk factors for hepatocellular carcinoma (HCC). Subjects enrolled included 210 pairs of sex- and age-matched cirrhotic patients with HCC, patients with cirrhosis alone, and healthy controls. Information on risk factors was obtained through serologic examination of hepatitis B surface antigen (HBsAg) and antibodies to hepatitis C virus (anti-HCV), and a standardized personal interview with a structured questionnaire. Multivariate analysis indicated that betel quid chewing (odds ratio [OR], 5.81; 95% confidence interval [CI], 2.26-14.94); HBsAg (OR, 37.98; 95% CI, 19.65-73.42); and anti-HCV (OR, 47.23-195% CI, 18.86-118.25) were independent risk factors for HCC when HCC patients were compared with healthy controls. Using patients with cirrhosis alone as a reference group, multivariate analysis

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

indicated that only betel quid chewing (OR, 1.69; 95% CI, 1.04-2.76) and HBsAg (OR, 1.54; 95% CI, 1.012-37) were independent risk factors for HCC. There was an additive interaction between betel quid chewing and the presence of either HBsAg (synergy index, 5.22) or anti-HCV (synergy index, 1.35). Moreover, a higher risk of HCC was associated with a longer duration of betel quid chewing and a larger amount of betel quid consumed (each P-for trend < 0.0001). In conclusion, betel quid chewing is an independent risk factor for cirrhotic HCC. There is an additive interaction between betel quid chewing and chronic hepatitis B and/or hepatitis C virus infection. [References: 179]

Publication Type
Review

Citation 19.

Authors

Broxmeyer L.

Title

Heart disease: the greatest 'risk' factor of them all

Source

Medical Hypotheses. 62(5):773-779, 2004.

Abstract

By the turn of the last century, flying in the face of over a hundred years of research and clinical observation to the contrary, medicine abandoned the link between infection and atherogenesis; not because it was ever proven wrong, but because it did not fit in with the trends of a medical establishment convinced that chronic disease such as heart disease must be multifactorial, degenerative and non-infectious.

Yet it was the very inability of 'established' risk factors such as hypercholesterolemia, hypertension and smoking to completely explain the incidence and trends in cardiovascular disease that resulted in historically repeated calls to search out an infectious cause, a search that began more than a century ago.

Today, half of US heart attack victims have acceptable cholesterol levels and 25% or more have none of the "risk factors" associated with heart disease, including smoking, high blood pressure or obesity, most of which are not inconsistent with being caused by infection [7,56].

Even the case of the traditionalist's latest 2003 JAMA assault to 'debunk' what they call the "50% risk factor myth" [20] falls woefully short under scrutiny. In one group 30% died of heart disease with a cholesterol of at least 240 mg/dl, a condition which also existed in 21% who did not die during the same period. And the overlap was obvious throughout the so-called risk categories. Under such scrutiny, lead author Greenland conceded that if obesity, inactivity and elevated cholesterol in the elderly are included, just about everyone has a risk factor and he likened the dilemma of people who do or do not wind up with heart disease akin to the susceptibility of people who are exposed to tuberculosis but do not get the disease.

In Infections and Atherosclerosis: New Clues from an old Hypothesis? Nieto stressed the need to extend the possible role of infectious agents beyond the three infections which have in recent years been the focus of research: Cytomegalovirus (CMV) Chlamydia pneumoniae and Helicobacter pylori [39].

Mycobacterial disease shares interesting connections to heart disease. Not only is tuberculosis the only microorganism to depend on cholesterol for its pathogenesis but CDC maps for

cardiovascular disease bear a striking similarity to those of State and regional TB case rates.

Ellis, Hektoen, Oster, McCallum, Swartz, Livingston and Alexander-Jackson all saw clinical and laboratory evidence of a causative relationship between the mycobacteria and heart disease. And Xu showed that proteins of mycobacterial origin actually led to experimental atherosclerosis in laboratory animals [61,62].

Furthermore present day markers suggested as indicators for heart disease susceptibility such as C-Reactive Protein (CRP), interleukin-6 and homocysteine are all similarly elevated in tuberculosis.

It therefore behooves us to explore the link between heart disease and typical and atypical tuberculosis. (C) 2004 Elsevier Ltd. All rights reserved. [References: 62]

Publication Type
Article

Citation 20.

Authors

Iida K. Proctor RN.

Title

Learning from Philip Morris: Japan Tobacco's strategies regarding evidence of tobacco health harms as revealed in internal documents from the American tobacco industry

Source

Lancet. 363(9423):1820-1824, 2004 May 29.

Abstract

Japan is in the midst of a rapid increase in tobacco-related disease mortality, following the rapid growth of smoking after WWII. Stomach cancer was the country's leading cause of cancer death for most of the 20th century, until lung cancer took over this position in 1993. Cigarettes are the major cause of lung cancer in Japan, but the country's leading manufacturer, Japan Tobacco, two thirds of which is owned by the Japanese government, continues to question whether tobacco is a major cause of disease and death. Japanese courts do not have the power to subpoena a company's internal records, which has made it difficult to document Japan Tobacco's strategies concerning tobacco and health. Our interpretation of online archives of internal documents from American tobacco companies, however, is that Japan Tobacco has long known about the potential health risks involved in smoking and has sought to obstruct effective tobacco control. Beginning in the mid-1980s, these efforts were often co-ordinated with American tobacco manufacturers. The documentary evidence shows that cigarette manufacturer Philip Morris in particular assisted with and sometimes also supervised Japan Tobacco's actions and statements on smoking and health. In one instance, data gathered for an article published by the Japan Public Monopoly Corporation (Japan Tobacco's predecessor) were deliberately altered to lower the reported value of a hazard indicator (nicotine concentration in the air). International collaboration has made it easier for companies such as Japan Tobacco to develop effective anti-smoking strategies. Evidence of such global industry collaborations might grow as lawsuits begin to be filed in other nations. [References: 15]

Publication Type
Article

Citation 21.

Authors

Valenti G. Denti L. Maggio M. Ceda G. Volpato S. Bandinelli S. Ceresini G. Cappola A. Guralnik JM. Ferrucci L.

Title

Effect of DHEAS on skeletal muscle over the life span: The InCHIANTI study

Source

Journals of Gerontology Series A-Biological Sciences & Medical Sciences. 59(5):466-472, 2004 May.

Abstract

Background. It has been suggested that the reduced production of dehydroepiandrosterone sulfate (DHEAS) may be partially responsible for the decline of muscle strength and mass that often occurs with aging. However, this hypothesis has been only tested in small series of normal volunteers, with little consideration for potential confounders. Using data from a representative sample of 558 men (20-95 years) we tested the hypothesis that circulating DHEAS is independently associated with muscle strength and mass.

Methods. Data are from InCHIANTI, an epidemiological study conducted in the Chianti geographic area (Tuscany, Italy). DHEAS serum levels were related to lower extremity muscle strength assessed by hand-held dynamometry and calf muscle area estimated from quantitative computerized tomography. Confounders included age, anthropometrics, physical activity, smoking, energy and alcohol intake, albumin, lipids, interleukin-6, comorbidity, depressive symptoms, and disability in activities of daily living.

Results. In fully adjusted models predicting lower extremity muscle strength and calf muscle area, we found significant age*log DHEAS interactions, suggesting that the relationship between DHEAS levels and muscle parameters differs across the life span. In age-stratified models adjusted for confounders, serum DHEAS was an independent predictor of muscle strength ($p < .02$) and mass ($p < .01$), but only for men between 60 and 79 years of age. After adjusting these models for serum-free or bioavailable testosterone, results were unchanged.

Conclusions. In men aged 60-79 years, circulating DHEAS is an independent correlate of muscle strength and calf muscle area. The possible causal role of declining DHEAS in age-related sarcopenia should be further explored in longitudinal studies. [References: 29]

Publication Type
Article**Citation 22.****Authors**

Raggi P. Shaw LJ. Berman DS. Callister TQ.

Title

Gender-based differences in the prognostic value of coronary calcification

Source

Journal of Women's Health. 13(3):273-283, 2004 Apr.

Abstract

Purpose: To investigate the use of electron beam tomography (EBT) screening to predict all-cause mortality in a large cohort of asymptomatic women and men.

Methods and Results. We obtained mortality information from the National Death Index in 10,377 asymptomatic individuals (40% women) referred by primary care physicians for coronary calcification screening. The average follow-up period was 5 ± 3.5 years. Univariable and multivariable Cox proportional hazard models were developed to predict all-cause mortality.

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Women had a lower prevalence of coronary calcification and smaller calcification scores than men ($p < 0.0001$). Death rates were higher among older, diabetic, hypertensive, and currently smoking individuals both in women and in men. In unadjusted (chi-square = 82, $p < 0.0001$) as well as risk-adjusted (chi-square = 7, $p = 0.007$) Cox survival models, women had a greater probability of death than men in each strata of calcification. Relative risk (RR) ratios were increased 3.0-fold, 5.5-fold, and 5.5-fold, respectively, for women compared with men with coronary calcification scores of 101-399, 400-1000, and >1000 ($p < 0.0001$). Using receiver operating characteristics (ROC) curve analyses to assess coronary calcification added incremental prognostic value to Framingham risk scores ($p < 0.0001$).

Conclusions. In this cohort of asymptomatic women, coronary calcification screening provided incremental prognostic information after adjustment for traditional risk factors. EBT may be a useful tool for risk stratification in women, where the early diagnosis of coronary heart disease (CHD) remains a strong challenge. [References: 30]

Publication Type
Article**Citation 23.****Authors**

Angestad LB. Schei B. Forsmo S. Langhammer A. Flanders WD.

Title

The association between physical activity and forearm bone mineral density in healthy premenopausal women

Source

Journal of Women's Health. 13(3):301-313, 2004 Apr.

Abstract

Purpose: To analyze the association between recreational and occupational physical activity and forearm bone mineral density (BMD) in healthy premenopausal women.

Methods: During 1984-1986, a population-based health survey (HUNT 1) was conducted among women and men aged >19 years in Nord-Trøndelag county in Norway. The second, follow-up survey (HUNT 2) was conducted during 1995-1997. The subjects in this study consist of healthy premenopausal women ($n = 1396$) <45 years old in the year of participation of HUNT 2 who had undergone distal and ultradistal radius densitometry in 1995-1997, performed with single-energy x-ray absorptiometry.

Results: Women with the highest scores of estimated combined recreational and occupational physical activity (PA) in 1984 and 1995 had significantly higher BMD in the distal radius (mean BMD 0.487 compared with mean BMD 0.480 among those with a low combined PA score) (p for trend = 0.04). At the ultradistal site of the radius, women with a high combined PA score had mean a BMD = 0.403 compared with women with low PA scores (mean BMD = 0.384) (p for trend = 0.017). After adjusting for age, marital status, smoking, amenorrhea, body mass index (BMI), and daily milk consumption, the associations remained the same or got even stronger.

Conclusions: The small group of women in the highest category of PA had a significantly higher forearm BMD and the smallest risk of low BMD. Important unanswered questions remain about the optimal relationship between intensity, amount and type of PA, and BMD and later risk of osteoporosis. Further research on BMD as a surrogate measure of structural and architectural bone quality and the sensitivity of different measuring sites for estimation of the effect of PA on bone is warranted. [References: 49]

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Publication Type
Article**Citation 24.****Authors**

Ambrose JA. Barua RS.

Title

The pathophysiology of cigarette C-V smoking and cardiovascular disease - An update [Review]

Source

Journal of the American College of Cardiology. 43(10):1731-1737, 2004 May 19.

Abstract

Cigarette smoking (CS) continues to be a major health hazard, and it contributes significantly to cardiovascular morbidity and mortality. Cigarette smoking impacts all phases of atherosclerosis from endothelial dysfunction to acute clinical events, the latter being largely thrombotic. Both active and passive (environmental) cigarette smoke exposure predispose to cardiovascular events. Whether there is a distinct direct dose-dependent correlation between cigarette smoke exposure and risk is debatable, as some recent experimental clinical studies have shown a non-linear relation to cigarette smoke exposure. The exact toxic components of cigarette smoke and the mechanisms involved in CS-related cardiovascular dysfunction are largely unknown, but CS increases inflammation, thrombosis, and oxidation of low-density lipoprotein cholesterol. Recent experimental and clinical data support the hypothesis that cigarette smoke exposure increases oxidative stress as a potential mechanism for initiating cardiovascular dysfunction. (C) 2004 by the American College of Cardiology Foundation. [References: 102]

Publication Type
Review**Citation 25.****Authors**

Mehta RH. Harjai KJ. Grines L. Stone GW. Boura J. Cox D. O'Neill W. Grines CL.

Title

Sustained ventricular tachycardia or fibrillation in the cardiac catheterization laboratory among patients receiving primary percutaneous coronary intervention - Incidence, predictors, and outcomes

Source

Journal of the American College of Cardiology. 43(10):1765-1772, 2004 May 19.

Abstract

OBJECTIVES We sought to evaluate the incidence, predictors, and outcomes of ventricular tachycardia and/or ventricular fibrillation (VT/VF) in the cardiac catheterization laboratory among patients undergoing primary percutaneous coronary intervention (PCI).

BACKGROUND Although VT/VF has been known to occur during primary PCI, the current data do not identify patients at risk for these arrhythmias or the outcomes of such patients.

METHODS We evaluated 3,065 patients enrolled in the Primary Angioplasty in Myocardial Infarction (PAMI) trials, who underwent primary PCI to evaluate the associations of VT/VF and the influence of these arrhythmias on in-hospital and one-year outcomes.

RESULTS In patients undergoing primary PCI, VT/VF occurred in 133 (4.3%). Multivariate analysis identified the following as independent correlates of VT/VF: smoking (odds ratio [OR]

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

1.95, 95% confidence interval [CI] 1.26 to 3.02), lack of preprocedural beta-blockers (OR 2.34, 95% CI 1.35 to 4.07), time from symptom onset to emergency room of less than or equal to 180 min (OR 2.63, 95% CI 1.42 to 4.89), initial Thrombolysis In Myocardial Infarction (TIMI) flow grade 0 (OR 2.06, 95% CI 1.23 to 3.47), and right coronary artery-related infarct (OR 1.93, 95% CI 1.25 to 2.99). Although patients with VT/VF had a higher incidence of bradyarrhythmias, hypotension, cardiopulmonary resuscitation, and endotracheal intubation in the catheterization laboratory, their in-hospital and one-year adverse outcomes were similar to those of the cohort without these arrhythmias.

CONCLUSIONS Our findings suggest that the incidence of VT/VF during primary PCI is low, indicating that these arrhythmias do not influence PCI success or in-hospital or one-year outcomes. Our data further help identify patients at risk of VT/VF during primary PCI and suggest that pretreatment with beta-blockers should be strongly considered to reduce these arrhythmias. (C) 2004 by the American College of Cardiology Foundation. [References: 33]

Publication Type
Article**Citation 26.****Authors**

Schillaci G. Pirro M. Vaudo G. Gemelli F. Marchesi S. Porcellati C. Mannarino E.

Title

Prognostic value of the metabolic syndrome in essential hypertension

Source

Journal of the American College of Cardiology. 43(10):1817-1822, 2004 May 19.

Abstract

OBJECTIVES We sought to determine the prognostic significance of the metabolic syndrome in hypertension.

BACKGROUND Increased cardiovascular risk in hypertensive patients might be partially attributable to metabolic disturbances.

METHODS We prospectively followed for up to 10.5 years (mean 4.1 years) a total of 1,742 hypertensive patients without cardiovascular disease (55% men; blood pressure [BP] 154/95 mm Hg; age 50 +/- 12 years). A modified National Cholesterol Education Program definition for metabolic syndrome was used, with body mass index in place of waist circumference.

RESULTS During follow-up, 162 patients developed cardiovascular events (2.28 events/100 patient-years). Event rates in the groups with one to five characteristics of the metabolic syndrome were 1.54, 1.96, 2.97, 3.35, and 5.27 per 100 patient-years, respectively ($p < 0.001$). A total of 593 patients (34%) had the metabolic syndrome. Patients with the syndrome had an almost double cardiovascular event rate than those without (3.23 vs. 1.76 per 100 patient-years, $p < 0.001$). After adjustment for age, gender, total cholesterol, creatinine, smoking, left ventricular hypertrophy, and 24-h systolic BP, the risk of developing cardiovascular events was still higher in patients with the metabolic syndrome (hazard ratio [HR] 1.73, 95% confidence interval [CI] 1.25 to 2.38). The syndrome was an independent predictor of both cardiac and cerebrovascular events (HRs 1.48 and 2.11, respectively). The adverse prognostic value of the metabolic syndrome was attenuated but still significant among the 1,637 patients without diabetes (HR 1.43, 95% CI 1.02 to 2.08).

CONCLUSIONS In hypertensive subjects, the metabolic syndrome amplifies cardiovascular risk

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

associated with high BP, independent of the effect of several traditional cardiovascular risk factors. (C) 2004 by the American College of Cardiology Foundation. [References: 37]

Publication Type
Article

Citation 27.

Authors

Jeffries-Stokes C. Lehmann D. Johnston J. Mason A. Evans J. Elsbury D. Wood K.

Title

Aboriginal perspective on middle ear disease in the arid zone of Western Australia

Source

Journal of Paediatrics & Child Health. 40(5-6):258-264, 2004 May-Jun.

Abstract

Objectives: To explore perceptions, knowledge and experience of otitis media (OM) and barriers to compliance with treatment among Aboriginal people of the Kalgoorlie-Boulder area, Western Australia.

Methods: This qualitative applied research study is based on a holistic design. We conducted structured interviews with three community focus groups, 56 key informants, and 22 mothers of babies known to have suffered from OM. Written records of interviews were checked with participants. The three sources of data enabled comparison and verification of results.

Results: People were concerned about serious consequences of OM, especially deafness and learning difficulties. Since early disease may have no localizing symptoms, not surprisingly, people had limited understanding of the aetiology of OM and were often only aware of disease once ear discharge was visible. Nevertheless, they usually sought treatment for non-specific symptoms. Competing demands in people's daily lives and the unpleasant, intensive nature of treatment result in families becoming resigned to a child's chronic ear discharge. Someone other than the biological mother within the extended family may be responsible for administering treatments. Half the carers thought passive smoking may predispose children to OM and 70% suggested clearing the nasal passages to prevent OM. Results of surgery were viewed positively but specialist services were not always readily accessible.

Conclusion: Since responsibility for treatment may not lie with the biological mother, awareness campaigns must target the entire community. As early OM may be asymptomatic, health personnel should be encouraged to do otoscopy on all children with non-specific symptoms. [References: 28]

Publication Type
Article

Citation 28.

Authors

Al-Obaidi SM. Anthony J. Al-Shuwai N. Dean E.

Title

Difference in back extensor strength between smokers and nonsmokers with and without low back pain

Source

Journal of Orthopaedic & Sports Physical Therapy. 34(5):254-260, 2004 May.

Abstract

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Study Design: Cross-sectional study comparing isometric lumbar extensor strength (ILES) in individuals who smoke and nonsmokers with and without low back pain (LBP).

Objectives: To examine the differences in ILES between individuals who smoke and nonsmokers with and without LBP.

Background: Given the evidence for general muscle weakness in individuals who smoke and in individuals with LBP, we were interested in examining the interrelationships between back strength, in particular ILES, and LBP in individuals who smoke and nonsmokers.

Methods and Measures: The study involved 76 men (age range, 30-50 years) in 4 groups, namely, nonsmokers with LBP (NS-LBP), a control group of nonsmokers without LBP (NS-C), smokers with LBP (S-LBP), and a control group of smokers without LBP (S-C). ILES was measured at 7 angles of lumbar flexion, specifically 72degrees, 60degrees, 48degrees, 36degrees, 24degrees, 12degrees, and 0degrees. ANOVA and Scheffe post hoc comparison tests were used to analyze the data.

Results: Nonsmokers with LBP had less muscle strength than those without LBP ($P < .01$). However, the strength of smokers with and without LBP was comparable ($P > .05$). Both groups of individuals who did not smoke were stronger than the 2 groups comprised of smokers.

Conclusions: Individuals who smoke were weaker than those who did not smoke, but no difference in strength was noted between smokers with and without LBP. Although smoking appears to be an important cofactor in the etiology of LBP, the degree to which smoking is a primary, secondary, or a component of a combined etiology warrants further study. [References: 53]

Publication Type
Article

Citation 29.

Authors

Graham WGB. Costello J. Vacek PM.

Title

Vermont granite mortality study: An update with an emphasis on lung cancer

Source

Journal of Occupational & Environmental Medicine. 46(5):459-466, 2004 May.

Abstract

This mortality study extends the Period of observation of an article published in 1988(1) of 5414 workers in Vermont granite sheds and quarries to assess whether previously reported reductions in silicosis and tuberculosis mortality were maintained. The relationship between lung cancer and quartz exposure is also examined by comparing mortality in workers hired before and after 1940, when dust controls were introduced and exposures were reduced by 80% to 90%. Before 1940, general stone shed air contained 20 million particles/cubic foot (mppcf) (approximately equivalent to 0.2 mg/m²) of quartz, and pneumatic chisel workers were exposed on average to 60 mppcf (approximately equivalent to 0.6 mg/m²) of quartz. Other workers had variable exposures. After 1940, a period of decline occurred in dust levels and then stabilized in approximately 1955, when average dust levels were 5 to 6 mppcf (equivalent to 0.05-.06 mg/m²) of quartz. Dust exposures in the Vermont industry is considered to be free of confounding occupational substances such as arsenic, although cigarette smoking was common. By the end of 1996, 2539 workers, or 46.9% of the cohort, had died. There were no silicosis deaths in workers

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

hired after 1940 who were exposed only in the Vermont granite industry, illustrating the effect of lowering quartz exposures. Tuberculosis caused 2 deaths in those hired after 1940 (standardized mortality ratio [SMR] = 0.52; not significant). Overall lung cancer mortality was elevated in shed workers who had been exposed both to high levels of quartz before 1940 and to the lower levels prevailing after 1940 (SMR = 1.32; $P < 0.01$). Quarry workers did not show an excess of lung cancer (SMR = 0.73; not significant). When shed workers with high and low exposure histories (before and after 1940) but with comparable latency and tenure were contrasted, lung cancer mortality was similar. Do ring levels of quartz exposure, which resulted in large differences in the mortality experience from silicosis, did not result in differences in lung cancer mortality. The results do not support the hypothesis that granite dust exposure has a causal association with lung cancer. [References: 20]

Publication Type
Article

Citation 30.

Authors

Band PR, Le ND, Fang R, Gallagher R.

Title

Identification of occupational cancer risks in British Columbia: A population-based case-control study of 769 cases of non-Hodgkin's lymphoma analyzed by histopathology subtypes

Source

Journal of Occupational & Environmental Medicine. 46(5):479-489, 2004 May.

Abstract

We have, as Part of a program aimed at detecting occupational risk factors in British Columbia, collected lifetime occupational histories as well as information on lifetime cigarette smoking and alcohol consumption from 15,643 incident cancer cases, of whom 782 had a diagnosis of non-Hodgkin's lymphoma (NHL). Occupational risks for this cancer site are examined using a matched case-control study design, and the results are presented in this report for all cases and for histopathology subtypes. The results of our study indicate excess NHL risk, particularly for a number of occupations that involve exposures to electromagnetic fields, treated and freshwood, metals, and solvents. [References: 32]

Publication Type
Article

Citation 31.

Authors

Booze TF, Reinhardt TE, Quiring SJ, Ottmar RD.

Title

A screening-level assessment of the health risks of chronic smoke exposure for wildland firefighters

Source

Journal of Occupational & Environmental Hygiene. 1(5):296-305, 2004 May.

Abstract

A screening health risk assessment was performed to assess the upper-bound risks of cancer and noncancer adverse health effects among wildland firefighters performing wildfire suppression and prescribed burn management. Of the hundreds of chemicals in wildland fire smoke, we identified 15 substances of potential concern from the standpoints of concentration and toxicology; these included aldehydes, polycyclic aromatic hydrocarbons, carbon monoxide, benzene, and respirable particulate matter. Data defining daily exposures to smoke, at prescribed burns and

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

wildfires, potential days of exposure in a year, and career lengths were used to estimate average and reasonable maximum career inhalation exposures to these substances. Of the 15 substances in smoke that were evaluated, only benzene and formaldehyde posed a cancer risk greater than 1 per million, while only acrolein and respirable particulate matter exposures resulted in hazard indices greater than 1.0. The estimated upper-bound cancer risks ranged from 1.4 to 220 excess cancers per million, and noncancer hazard indices ranged from 9 to 360, depending on the exposure group. These values only indicate the likelihood of adverse health effects, not whether they will or will not occur. The risk assessment process narrows the field of substances that deserve further assessment, and the hazards identified by risk assessment generally agree with those identified as a concern in occupational exposure assessments. [References: 32]

Publication Type
Article

Citation 32.

Authors

Yassin AS, Mantonik JF.

Title

Urinary cadmium levels in the US working population, 1988-1994

Source

Journal of Occupational & Environmental Hygiene. 1(5):324-333, 2004 May.

Abstract

Few studies have estimated the Prevalence and mean urinary cadmium levels in U.S. workers and the factors associated with high cadmium exposure. In this study, urinary cadmium measurements were obtained on 11,228 U.S. workers aged 18 to 64 years who participated in the Third National Health and Nutrition Examination Survey (NHANES III, 1988-1994). Urinary cadmium levels ranged from 0.01 to 15.57 mug/L, with a geometric mean of 0.30 mug/L (0.28 mug/g creatinine) for all U.S. workers. The prevalence of urinary cadmium levels greater than or equal to 5 mug/L was 0.42% (551,000) for U.S. workers aged 18 to 64 years. Among U.S. workers in the metal industry (two-digit Standard Industrial Classification or SIC codes 33 and 34), the geometric mean urinary cadmium level was 0.48 mug/L (0.39 mug/g creatinine), and 0.45% of these workers had urinary cadmium levels greater than or equal to 10 mug/L. The prevalence of urinary cadmium levels greater than or equal to 15 mug/L was 0.0028% (3,907). The agriculture industry (two-digit SIC codes 01, 02, and 07-09) was associated with low urinary cadmium levels, compared with repair services industries (two-digit SIC codes 75 and 76). Results from ordinary least squares regression analyses indicated that smokers had significantly higher urinary cadmium levels than nonsmokers (p less than or equal to 0.0001). The results also showed that there were high urinary cadmium levels among workers in selected occupations and industries. [References: 28]

Publication Type
Article

Citation 33.

Authors

Valdivielso P, Calandra S, Duran JC, Garuti R, Herrera E, Gonzalez P.

Title

Coronary heart disease in a patient with cerebrotendinous xanthomatosis

Source

Journal of Internal Medicine. 255(6):680-683, 2004 Jun.

Abstract

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Coronary heart disease is a prevalent condition and a leading cause of death in developed countries. Most cases are due to the cluster of classical risk factors, such as smoking, diabetes, high blood pressure and dyslipidaemia. However, a few patients develop severe and premature arteriosclerosis in spite of absence of common risk factors. Here, we present the clinical, analytical and molecular features of a 36-years-old man who died from advanced ischaemic heart disease as a result of cerebrotendinous xanthomatosis (CTX), a rare condition characterized by elevation in plasma and most tissues of cholestanol and where neurological impairment is the hallmark of this disease. We discuss the relevance of heart disease and the mechanism leading to accelerate arteriosclerosis is CTX. [References: 12]

Publication Type
Article

Citation 34.

Authors

Tovey FL, Hobsley M, Kaushik SP, Pandey R, Kurian G, Singh K, Sood A, Jehangir E.

Title

Duodenal gastric metaplasia and Helicobacter pylori infection in high and low duodenal ulcer-prevalent areas in India

Source

Journal of Gastroenterology & Hepatology. 19(5):497-505, 2004 May.

Abstract

Background: Previous reports, based on surgery, showed duodenal ulcer (DU) to be more common in the rice-eating areas of southern India than in the northern wheat-eating areas.

Aims: Does this difference persist? Can it be explained by risk factors other than diet?

Methods: A total of 20 053 records from patients undergoing endoscopy for dyspepsia, and 590 endoscopy patients from two northern and two southern centers in India were studied prospectively. Records were scrutinized to determine the relative incidence of DU and non-ulcer dyspepsia in wheat- and rice-eating areas. Age, sex, length of history, smoking and medication were recorded. Three antral biopsies and one from each duodenal quadrant were taken. A rapid urease test was carried out on one of the antral biopsies; the others were examined for Helicobacter pylori, gastritis, duodenitis and duodenal gastric metaplasia.

Results: The difference in diet-associated prevalence persisted. No differences in smoking, Helicobacter pylori infection or duodenal gastric metaplasia were found between the two regions, but all three were more common in DU than in non-ulcer dyspeptic patients from both dietary areas.

Conclusions: The dietary differences between the regions remain the only factor to account for the differences in DU prevalence. A strong interrelationship between duodenal gastric metaplasia and cigarette smoking is demonstrated. (C) 2004 Blackwell Publishing Asia Pty Ltd. [References: 40]

Publication Type
Article

Citation 35.

Authors

Melki IS, Beydoun HA, Khogali M, Tamim H, Yunis KA.

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Title

Household crowding index: a correlate of socioeconomic status and inter-pregnancy spacing in an urban setting

Source

Journal of Epidemiology & Community Health. 58(6):476-480, 2004 Jun.

Abstract

Objectives: This paper examines the effect of household crowding on inter-pregnancy spacing and its association with socioeconomic indicators, among parous mothers delivered in an urban environment.

Design: Cross sectional survey.

Methods: Sociodemographic data were obtained on 2466 parous women delivering at eight hospitals in Greater Beirut over a one year period. Statistical methodology comprised Pearson chi(2) test and logistic regression analysis.

Main results: A significant inverse relation was observed between household crowding and socioeconomic status, defined as education and occupation of women and their spouses. Inter-pregnancy spacing increased with higher levels of crowding. Further analysis suggested that this positive association was confounded by maternal demographic characteristics.

Conclusions: These data have shown that household crowding, a correlate of low parental socioeconomic status, is associated with longer birth intervals. This association, however, seems to be largely explained by maternal age and parity. [References: 35]

Publication Type
Article

Citation 36.

Authors

Shimada Y, Tai H, Endo M, Kobayashi T, Akazawa K, Yamazaki K.

Title

Association of tumor necrosis factor receptor type 2+587 gene polymorphism with severe chronic periodontitis

Source

Journal of Clinical Periodontology. 31(6):463-469, 2004 Jun.

Abstract

Background: Genetic polymorphisms for cytokines and their receptors have been proposed as potential markers for periodontal disease. Tumor necrosis factor receptor 2 (TNFR2) is one of the cell surface receptors for TNF-alpha. Recent studies have suggested that TNFR2 gene polymorphism is involved in autoimmune and other diseases.

Objectives: The aim of the present study is to evaluate whether TNFR2(+587T/G) gene polymorphism is associated with chronic periodontitis (CP).

Methods: One hundred and ninety-six unrelated subjects (age 40-65 years) with different levels of CP were identified according to established criteria, including measurements of probing pocket depth (PPD), clinical attachment level (CAL), and alveolar bone loss (BL). All subjects were of Japanese descent and non-smokers. Single nucleotide polymorphism at position +587 (T/G) in the TNFR2 gene was detected by a polymerase chain reaction-restriction fragment length polymorphisms (PCR-RFLP) method.

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Results: The frequency and the positivity of the +587G allele were significantly higher in severe CP patients than in controls ($p=0.0097$; odds ratio=2.61, $p=0.0075$; odds ratio=3.06). In addition, mean values of PPD, CAL, and BL were significantly higher in the +587G allele positive than in the negative subjects ($p=0.035$, 0.022, and 0.018, respectively).

Conclusions: These findings suggest that the TNFR2(+587G) polymorphic allele could be associated with severe CP in Japanese. [References: 39]

Publication Type
Article

Citation 37.

Authors

Albrecht SA, Maloni JA, Thomas KK, Jones R, Halleran J, Osborne J.

Title

Smoking cessation counseling for pregnant women who smoke: Scientific basis for practice for AWHONN's SUCCESS project [Review]

Source

JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing. 33(3):298-305, 2004 May-Jun.

Abstract

Objectives: To review the literature addressing smoking cessation in pregnant women. To develop the project protocol for the Association of Women's Health, Obstetric and Neonatal Nurses's (AWHONN) 6th research-based practice project titled "Setting Universal Cessation Counseling, Education and Screening Standards (SUCCESS): Nursing Care of Pregnant Women Who Smoke." To evaluate the potential of systematic integration of this protocol in primary care settings in which women seek care at the preconception, pregnant, or postpartum stages.

Literature Sources: Computerized searches in MEDLINE and CINAHL, as well as references cited in articles reviewed. Key concepts in the searches included low-birth-weight infants and effects of prenatal smoking on the infant and the effects of preconception and prenatal smoking cessation intervention on premature labor and birth weight.

Literature Selection: Comprehensive articles, reports, and guidelines relevant to key concepts and published after 1964 with an emphasis on new findings from 1996 through 2002. Ninety-eight citations were identified as useful to this review.

Literature Synthesis: Tobacco use among pregnant women and children's exposure to tobacco use (secondhand smoke) are associated with pregnancy complications such as placental dysfunction (including previa or abruption), preterm labor, premature rupture of membranes, spontaneous abortions, and decreased birth weight and infant stature. Neonates and children who are exposed to secondhand smoke are at increased risk for developing otitis media, asthma, other respiratory disorders later in childhood; dying from sudden infant death syndrome; and learning disorders. The "5 A's" intervention and use of descriptive statements for smoking status assessment were synthesized into the SUCCESS project protocol for AWHONN's 6th research-based practice project.

Conclusions: The literature review generated evidence that brief, office-based assessment, client-specific tobacco counseling, skill development, and support programs serve as an effective practice guideline for clinicians. Implementation and evaluation of the guideline is under way at

a total of 13 sites in the United States and Canada. JOGNN, 33, 298305; 2004. [References: 37]

Publication Type
Review

Citation 38.

Authors

Liu J, Hong YL, D'Agostino RB, Wu ZS, Wang W, Sun JY, Wilson PWF, Kannel WB, Zhao D.

Title

Predictive value for the Chinese population of the Framingham CHD risk assessment tool compared with the Chinese multi-provincial cohort study

Source

JAMA. 291(21):2591-2599, 2004 Jun 2.

Abstract

Context: The Framingham Heart Study helped to establish tools to assess coronary heart disease (CHD) risk, but the homogeneous nature of the Framingham population prevents simple extrapolation to other populations. Recalibration of Framingham functions could permit various regions of the world to adapt Framingham tools to local populations.

Objective: To evaluate the performance of the Framingham CHD risk functions, directly and after recalibration, in a large Chinese population, compared with the performance of the functions derived from the Chinese Multi-provincial Cohort Study (CMCS).

Design, Setting, and Participants: The CMCS cohort included 30121 Chinese adults aged 35 to 64 years at baseline. Participants were recruited from 11 provinces and were followed up for new CHD events from 1992 to 2002. Participants in the Framingham Heart Study were 5251 white US residents of Framingham, Mass, who were 30 to 74 years old at baseline in 1971 to 1974 and followed up for 12 years.

Main Outcome Measures: "Hard" CHD (coronary death and myocardial infarction) was used as the end point in comparisons of risk factors (age, blood pressure, smoking, diabetes, total cholesterol, and high-density lipoprotein cholesterol [HDL-C]) as evaluated by the CMCS functions, original Framingham functions, and recalibrated Framingham functions.

Results: The CMCS cohort had 191 hard CHD events and 625 total deaths vs 273 CHD events and 293 deaths, respectively, for Framingham. For most risk factor categories, the relative risks for CHD were similar for Chinese and Framingham participants, with a few exceptions (ie, age, total cholesterol of 200-239 mg/dL [5.18-6.19 mmol/L], and HDL-C less than 35 mg/dL [0.91 mmol/L] in men; smoking in women). The discrimination using the Framingham functions in the CMCS cohort was similar to the CMCS functions: the area under the receiver operating characteristic curve was 0.705 for men and 0.742 for women using the Framingham functions vs 0.736 for men and 0.759 for women using the CMCS functions. However, the original Framingham functions systematically overestimated the absolute CHD risk in the CMCS cohort. For example, in the 10th risk decile in men, the predicted rate of CHD death was 20% Vs an actual rate of 3%. Recalibration of the Framingham functions using the mean values of risk factors and mean CHD incidence rates of the CMCS cohort substantially improved the performance of the Framingham functions in the CMCS cohort.

Conclusions: The original Framingham functions overestimated the risk of CHD for CMCS participants. Recalibration of the Framingham functions improved the estimates and demonstrated that the Framingham model is useful in the Chinese population. For regions that

have no established cohort, recalibration using CHD rates and risk factors may be an effective method to develop CHD risk prediction algorithms suited for local practice. [References: 35]

Publication Type
Article

Citation 39.

Authors

Yach D. Hawkes C. Gould CL. Hofman KJ.

Title

The global burden of chronic diseases - Overcoming impediments to prevention and control

Source

JAMA. 291(21):2616-2622, 2004 Jun 2.

Abstract

Chronic diseases are the largest cause of death in the world. In 2002, the leading chronic diseases-cardiovascular disease, cancer, chronic respiratory disease, and diabetes-caused 29 million deaths worldwide. Despite growing evidence of epidemiological and economic impact, the global response to the problem remains inadequate. Stakeholders include governments, the World Health Organization and other United Nations bodies, academic and research groups, nongovernmental organizations, and the private sector. Lack of financial support retards capacity development for prevention, treatment, and research in most developing countries. Reasons for this include that up-to-date evidence related to the nature of the burden of chronic diseases is not in the hands of decision makers and strong beliefs persist that chronic diseases afflict only the affluent and the elderly, that they arise solely from freely acquired risks, and that their control is ineffective and too expensive and should wait until infectious diseases are addressed. The influence of global economic factors on chronic disease risks impedes progress, as does the orientation of health systems toward acute care. We identify 3 policy levers to address these impediments: elevating chronic diseases on the health agenda of key policymakers, providing them with better evidence about risk factor control, and persuading them of the need for health systems change. A more concerted, strategic, and multisectoral policy approach, underpinned by solid research, is essential to help reverse the negative trends in the global incidence of chronic disease. [References: 68]

Publication Type
Article

Citation 40.

Authors

Wright JL. Newhouse JH. Laguna JL. Vecchio D. Ennis RD.

Title

Localization of neurovascular bundles on pelvic CT and evaluation of radiation dose to structures putatively involved in erectile dysfunction after prostate brachytherapy

Source

International Journal of Radiation Oncology, Biology, Physics. 59(2):426-435, 2004 Jun 1.

Abstract

Purpose: To (a) locate neurovascular bundles (NVB) on pelvic CT and (b) retrospectively evaluate relationships between radiation dose to structures putatively involved in prostate brachytherapy-induced erectile dysfunction (ED) and incidence of postbrachytherapy ED.

Methods and Materials: (a) Right/left NVB were identified on nine prostate MRIs. Structures visible on MRI and CT were cross-referenced. Cross-sectional area of each NVB was measured.

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

(b) All patients treated with implant alone and whose treatment was planned on Variseed (Varian Medical Systems, Palo Alto, CA), with follow-up of > 12 months were included; n = 41. Median follow-up was 20 months. All patients were potent (+/- sildenafil) before implant (erection sufficient for intercourse). The right/left NVB (using results from part "a"), penile bulb, and right/left crus were outlined on postimplant CT. Volumes and doses to these structures were calculated.

Results: (a) On prostate MRI, NVB was consistently located where the prostate border bends away from the levator ani, at the gland's smallest radius of curvature. Average area of the circle best encompassing the NVB = 0.27 cm²; diameter was 0.58 cm. (b) 11 of 41 (27%) patients had ED; 30 of 41 were potent (15 with sildenafil). There was no significant difference between potent/impotent patients in isotope, age, diabetes, hypertension, follow-up, or volume of prostate, bulb, right/left NVB, or right/left crus. There was a relationship between smoking and ED (p = 0.05). There was a relationship between bulb %D90 and ED: >10% 67% (4 of 6) vs. <10% 20% (7 of 35) (p = 0.03), which remained when controlling for smoking. There was no relationship between dose to left NVB and potency. There was paradoxical decreased risk of ED with right NVB %V100 >60% (p = 0.019), and right NVB %D60 >100% (p = 0.003). There was no relationship between dose to right/left crus and ED.

Conclusions: A reliable method for localizing NVB on CT is demonstrated. There is no increased risk of prostate brachytherapy-induced ED with increasing dose to crus or NVB at the doses given in this study. There is a possible dose-response relationship between dose to the bulb and risk of ED. (C) 2004 Elsevier Inc. [References: 17]

Publication Type
Article

Citation 41.

Authors

Adissu HA. Schuller HM.

Title

Antagonistic growth regulation of cell lines derived from human lung adenocarcinomas of Clara cell and alveolar type II cell lineage: Implications for chemoprevention

Source

International Journal of Oncology. 24(6):1467-1472, 2004 Jun.

Abstract

Lung cancer continues to be the leading cause of cancer death in industrialized countries and there is an urgent need for the development of preventive treatments that inhibit the progression of initiated cells into overt lung cancer in smokers who quit. Murine pulmonary adenocarcinoma models are widely used to test prospective cancer preventive agents. These tumors are of alveolar type II cell lineage, express growth-regulating signal transduction pathways that are stimulated by epidermal growth factor and protein kinase C while being inhibited by agents that increase intracellular cyclic AMP (cAMP). By contrast, pulmonary adenocarcinomas induced in hamsters are derived from bronchial and bronchiolar Clara cells, are under B-adrenergic receptor control and their development is promoted by agents that increase intracellular cAMP. Adenocarcinomas of either cell lineage develop in humans, raising the possibility that agents with strong chemopreventive activity in murine lung cancer models due to stimulation of cAMP may selectively promote human pulmonary adenocarcinomas derived from Clara cells. We therefore compared the effects of the beta-adrenergic agonist isoproterenol and the activator of cAMP forskolin under controlled in vitro conditions on the human pulmonary adenocarcinoma cell line NC1-H322 which expresses a Clara cell phenotype versus the human pulmonary

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

adenocarcinoma cell line A549 which expresses features of alveolar type II cells. Our data show that isoproterenol significantly stimulated cAMP, ERK1/2 activity and DNA synthesis in NCI-H322 cells and that this response involved transactivation of the EGF receptor. By contrast, we found that isoproterenol had no effect on A549 cells whereas forskolin significantly inhibited DNA synthesis and ERK1/2 activity. Our findings are consistent with the interpretation that human pulmonary adenocarcinomas of Clara cell lineage are highly sensitive to the cancer promoting effects of B-adrenergic agonists and other agents that stimulate cAMP whereas human cancers of the same histological family but derived from alveolar type II cells are resistant to B-adrenergic agonists and respond with a reduction in cell growth to stimulation of cAMP. Our findings suggest that some widely advertised cancer preventive agents such as green tea, retinoids and B-carotenes are unsafe to be used by smokers or by ex-smokers due to their tumor promoting effects via stimulation of cAMP on initiated cells of Clara cell lineage. [References: 38]

Publication Type
Article

Citation 42.

Authors

Lynch CC, Crawford HC, Matrisian LM, McDonnell S.

Title

Epidermal growth factor upregulates matrix metalloproteinase-7 expression through activation of PEA3 transcription factors

Source

International Journal of Oncology. 24(6):1565-1572, 2004 Jun.

Abstract

MMP-7 is a member of the matrix metalloproteinase family and has been shown to be involved in early intestinal tumorigenesis. However, the factors which regulate MMP-7 gene transcription in the context of early colon cancer remain to be elucidated. Epidermal growth factor (EGF) and the EGF receptor have also been demonstrated to be important in the establishment of colon adenomas. We were therefore interested in addressing the question of whether MMP-7 could be regulated by EGF and in identifying the molecular mechanisms through which this process occurs. Herein, we have demonstrated that EGF enhanced the endogenous expression of MMP-7 in a number of human colon cancer cell lines. Analysis of the MMP-7 promoter sequence reveals the presence of a number of transcription factor binding sites including ETS and AP-1 sites. Results using PEA3, ETS and AP-1 artificial promoters showed that EGF enhanced PEA3 transcription factor activity by up to 70% in comparison to non-treated cell lines. Western blot analysis of nuclear extracts from EGF stimulated cells demonstrated that there was an increase in PEA3 protein when compared to non-treated cells. In addition, using a MAPK inhibitor we have shown that EGF can mediate this increase in PEA3 transcription factors via the MAPK pathway. Using EMSA analysis we also observed that the EGF stimulated increase in PEA3 transcription factors led to increased binding to specific ETS sites within the MMP-7 promoter. These data demonstrate for the first time that EGF directly enhances MMP-7 expression via the activation of PEA3 transcription factors. [References: 23]

Publication Type
Article

Citation 43.

Authors

Surtees PG, Wainwright NWJ, Khaw KT.

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Title

Obesity, confidant support and functional health: cross-sectional evidence from the EPIC-Norfolk cohort

Source

International Journal of Obesity. 28(6):748-758, 2004 Jun.

Abstract

Objective: To investigate the association between body mass index (BMI) and functional health according to age and the support available from a close confidant.

Design: A cross-sectional population-based study.

Participants: A total of 20921 participants in the European Prospective Investigation into Cancer and Nutrition, aged 41-80 y resident in Norfolk, England.

Measurements: Standardised clinic-based assessment of BMI, self-reported functional health status assessment (according to the anglicised Short Form 36 (SF-36) Health Survey questionnaire) and the availability (and quality) of a close confiding relationship.

Results: Self-reported physical functioning declined steadily with increasing age. Obesity (BMI greater than or equal to 30) was strongly associated with self-reported physical functional health, equivalent to being 11 y older for men and 16 y older for women (after adjustment that included prevalent chronic physical conditions and cigarette smoking). This adverse effect of obesity on physical functional health was found to increase with age for both men and women. Perceived inadequacy of a confiding relationship was associated with reduced physical functional capacity, equivalent to being 4 y older for men and 5 y older for women. For those with markedly inadequate confidant relationships, the impact of obesity on physical functional capacity was approximately constant by age. For those not critical of the adequacy of their confiding relationships, the impact of obesity was least for those younger but rose to equivalent levels as those with markedly inadequate confidant relationships among older participants.

Conclusions: The availability of a close confidant relationship (perceived as uncritical and characterised by the absence of shared negative interactions) may delay the impact of obesity in reducing physical functional capacity. [References: 60]

Publication Type
Article

Citation 44.

Authors

Tammelin T, Laitinen J, Nayha S.

Title

Change in the level of physical activity from adolescence into adulthood and obesity at the age of 31 years

Source

International Journal of Obesity. 28(6):775-782, 2004 Jun.

Abstract

Objective: To evaluate how a change in the level of leisure-time physical activity from adolescence into adulthood is associated with overall and abdominal obesity at the age of 31 y.

Design: Prospective follow-up study of Northern Finland birth cohort of 1966.

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Subjects: In all, a population of 2834 males and 2872 females aged 31 y was studied.

Measurements: At the age of 31 y, overweight was defined as a body mass index (BMI) of 25.0-29.9 kg/m² and obesity as a BMI of 30.0 kg/m² or more. The cutoff points of waist circumference for mild and severe abdominal obesity were 94.0 and 102.0 cm in males and 80.0 and 88.0 cm in females. The change in the level of physical activity (at least moderately active vs inactive) was evaluated by inquiries conducted at the ages of 14 and 31 y. The odds ratios (OR) and their 95% confidence intervals (CI) obtained from logistic regression were adjusted for maternal BMI before pregnancy, BMI at the age of 14 y, alcohol intake, occupational physical activity, smoking, and, in the case of females, for parity at age 31 y.

Results: Becoming inactive during the transition from adolescence to adulthood was associated with overall overweight in males (OR 1.49, CI 1.18-1.89), overall obesity in males (OR 1.53, CI 0.99-2.37) and females (OR 1.51, CI 0.94-2.44), and with severe abdominal obesity in females (OR 1.80, CI 1.13-2.86). Being persistently inactive from adolescence to adulthood was associated with mild abdominal obesity in males (OR 1.83, CI 1.13-2.95), but not with other obesity measures in either gender after adjustment for confounding factors.

Conclusions: Becoming inactive during the transition from adolescence to adulthood is related to overall obesity in both genders, and to severe abdominal obesity in females at the age of 31 y. The results emphasize the role of continued physical activity from adolescence into adulthood in the prevention of adult obesity. [References: 33]

Publication Type
Article

Citation 45.

Authors

Strandhagen E. Zetterberg H. Aires N. Palmer M. Rymo L. Blennow K. Landaas S. Thelle DS.

Title

The methylenetetrahydrofolate reductase C677T polymorphism is a major determinant of coffee-induced increase of plasma homocysteine: A randomized placebo controlled study

Source

International Journal of Molecular Medicine. 13(6):811-815, 2004 Jun.

Abstract

Some methylenetetrahydrofolate reductase (MTHFR) gene polymorphisms are associated with hyperhomocysteinemia. Trials have shown a plasma homocysteine raising effect of coffee. We determined the effect of a daily intake of 600 ml coffee and a supplementation of 200 mug folic acid or placebo on plasma homocysteine (tHcy) with respect to the MTHFR C677T and A1298C polymorphisms. One hundred and twenty healthy, non-smoking men (22%) and women (78%) aged 29-65 years, took part in a controlled, randomized, blinded study with two intervention periods: i) a coffee-free period of three weeks, ii) 600 ml coffee/day and a supplement of 200 mug folic acid/d or placebo for four weeks. The results showed that tHcy at baseline was significantly higher for the 677TT genotype group compared to the 677CC genotype group ($p = 0.0045$) and that this group responded with significantly larger increase in tHcy upon coffee exposure than the 677CC and 677CT genotype groups ($p = 0.0045$ and $p = 0.0041$, respectively). Supplementation with 200 mug folic acid compared to placebo reduced the tHcy increasing effect of coffee in the 677TT genotype group. The A1298C polymorphism did not affect tHcy concentration significantly at any stage in the study. In conclusion, the homocysteine increasing effect of coffee is particularly seen in individuals with the homozygous 677TT genotype. Supplementation with 200 mug folic acid/d decreases this tHcy increment. [References: 32]

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Publication Type
Article

Citation 46.

Authors

Hakoda Y. Ito Y. Ohkubo H. Tago H. Yoshida T. Minemura K. Utsumi K. Aoshima M. Ohyashiki K.

Title

Paradoxically decreased intracellular collagenase activity in macrophages from bronchoalveolar lavage fluid in current smokers and patients with obstructive ventilatory disorder

Source

International Journal of Molecular Medicine. 13(6):859-863, 2004 Jun.

Abstract

The roles of matrix metalloproteinases (MMPs) in chronic obstructive pulmonary disease (COPD) have been studied. Macrophages are considered to release MMPs in the lung tissue. We measured intracellular collagenase activity in intact CD14(+)CD45(++) cells from the bronchoalveolar lavage fluid (BALF) of patients with obstructive ventilatory impairment and other respiratory diseases. Collagenase activity in current smokers was significantly lower than those in nonsmokers (3.25 ± 0.54 versus 5.48 ± 0.55 ; $P = 0.006$), and also lower than those in ex-smokers (versus 6.54 ± 1.54 ; $P = 0.019$). We found a lower activity of collagenase in patients with FEV1/FVC below 70% than those with 70% or higher (2.68 ± 0.59 versus 4.51 ± 0.44 ; $P = 0.034$). Mean value of FEV1/FVC in patients with collagenase activity of 4 or higher was significantly elevated as compared to those with the activity lower than 4 (83.3 ± 3.3 versus 71.8 ± 4.9 ; $P = 0.021$). The discrepancy between increased release of MMPs by previous reports and decreased intracellular activity in our results, may be explained by the production of inactive form of MMPs is relatively increased in COPD. Our study may provide the future direction in investigating the mechanism of COPD. In clinics, this measurement in patients with smoking habits may be helpful to advise them to stop smoking, and to avoid progression to the irreversible obstructive disease. [References: 30]

Publication Type
Article

Citation 47.

Authors

Khan S. Kundi A. Sharieff S.

Title

Prevalence of right ventricular myocardial infarction in patients with acute inferior wall myocardial infarction

Source

International Journal of Clinical Practice. 58(4):354-357, 2004 Apr.

Abstract

The objective was to evaluate the prevalence of right ventricular myocardial infarction (RVMI) in patients with acute inferior wall myocardial infarction (IWM) admitted to the National Institute of Cardiovascular Diseases, Karachi, Pakistan. Between August 2000 and May 2001, a total of 100 patients with acute IWM were enrolled. History of all patients was taken, and thorough clinical examination was performed to assess the presence of signs of right ventricular infarction. Standard 12-lead electrocardiogram was recorded immediately on arrival of patients along with right precordial leads. All patients were considered for thrombolytic therapy in the absence of any contraindication and were managed with standard treatment strategies.

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Complications arising during the course of admission were recorded and compared between the two groups. There were 86 (86%) males and 14 (14%) females. Mean age was 56.3 \pm 13.13 years (range 33-83 years). The prevalence of RVMI in IWMF was 34%. Smoking and diabetes were more prevalent in RVMI group, while hypertension and family history of ischemic heart disease were more common in isolated IWMF. Ninety per cent of patients received thrombolytic therapy. In-hospital mortality (23.5%) was higher in RVMI group than isolated IWMF (18.1%). Other major complications were also higher in RVMI group than isolated IWMF. Right ventricular infarction was found in approximately one-third of IWMF. Right ventricular infarction was associated with considerable morbidity and mortality, and its presence defines a higher risk subgroup of patients with inferior wall left ventricular infarction. [References: 11]

Publication Type
Article

Citation 48.

Authors

Ghadirian P. Lubinski J. Lynch H. Neuhausen SL. Weber B. Isaacs C. Baruch RG. Randall S. Ainsworth P. Freidman E. Horsman D. Tonin P. Foulkes WD. Tung N. Sun P. Narod SA.

Title

Smoking and the risk of breast cancer among carriers of BRCA mutations

Source

International Journal of Cancer. 110(3):413-416, 2004 Jun 20.

Abstract

The effect of cigarette smoking on the risk of breast cancer is controversial, although most studies show little or no effect. It has been suggested that smoking may reduce the risk of developing hereditary breast cancer. We completed a case-control study on 1,097 women with breast cancer who were BRCA1 or BRCA2 mutation carriers and 1,097 age-matched controls with a mutation in the same gene but without breast cancer. There were no statistically significant differences between the cases and controls in terms of the number of current and ex-smokers (41.2% and 40.4%, respectively) or the age at smoking commencement (18.2 years and 18.5 years, respectively). There were no statistically significant differences between cases and controls regarding beginning smoking within 5 years of menarche (OR = 1.03; 95% CI 0.83 to 1.28) or before the first pregnancy (OR = 1.09; 95% CI = 0.90 to 1.33). In conclusion, contrary to our previous report, smoking does not appear to be a risk factor for breast cancer among carriers of BRCA mutations. (C) 2004 Wiley-Liss, Inc. [References: 20]

Publication Type
Article

Citation 49.

Authors

Castelao JE. Yuan JM. Gago Dominguez M. Skipper PL. Tannenbaum SR. Chan KK. Watson MA. Bell DA. Coetzee GA. Ross RK. Yu MC.

Title

Carotenoids/vitamin C and smoking-related bladder cancer

Source

International Journal of Cancer. 110(3):417-423, 2004 Jun 20.

Abstract

Previous epidemiological studies of fruit and vegetable intake and bladder cancer risk have yielded inconsistent results, especially with respect to the role of cigarette smoking as a possible modifier of the diet-bladder cancer association. A population-based case-control study was

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

conducted in nonAsians of Los Angeles, California, which included 1,592 bladder cancer patients and an equal number of neighborhood controls matched to the index cases by sex, date of birth (within 5 years) and race between January 1, 1987 and April 30, 1996. Information on smoking, medical and medication history, and intake frequencies of food groups rich in preformed nitrosamines, vitamins A and C and various carotenoids, were collected through in-person, structured interviews. Beginning in January 1992, all case patients and their matched control subjects were asked for a blood sample donation at the end of the in-person interviews for measurements of 3- and 4-aminobiphenyl (ABP) hemoglobin adducts, and glutathione S-transferases M1/T1/P1 (GSTM1/T1/P1) and N-acetyltransferase-1 (NAT1) genotypes. Seven hundred seventy-one (74%) case patients and 775 (79%) control subjects consented to the blood donation requests. In addition, all case patients and matched control subjects were asked to donate an overnight urine specimen following caffeine consumption for measurements of cytochrome P4501A2 (CYP1A2) and N-acetyltransferase-2 (NAT2) phenotypes. Urine specimens were collected from 724 (69%) case patients and 689 (70%) control subjects. After adjustment for nondietary risk factors including cigarette smoking, there were strong inverse associations between bladder cancer risk and intake of dark-green vegetables [p value for linear trend (p) = 0.01], yellow-orange vegetables (p = 0.01), citrus fruits/juices (p = 0.002) and tomato products (p = 0.03). In terms of nutrients, bladder cancer risk was inversely associated with intake of both total carotenoids (p = 0.004) and vitamin C (p = 0.02). There was a close correlation (r = 0.58, p = 0.0001) between intakes of total carotenoids and vitamin C in study subjects. When both nutrients were included in a multivariate logistic regression model, only total carotenoids exhibited a residual effect that was of borderline statistical significance (p = 0.07 and p = 0.40 for total carotenoids and vitamin C, respectively). Cigarette smoking was a strong modifier of the observed dietary effects; these protective effects were confined largely to ever smokers and were stronger in current than ex-smokers. Smokers showed a statistically significant or borderline statistically significant decrease in 3- and 4-aminobiphenyl (ABP)-hemoglobin adduct level with increasing intake of carotenoids (p = 0.04 and 0.05, respectively). The protective effect of carotenoids on bladder cancer seemed to be influenced by NAT1 genotype, NAT2 phenotype and CYP1A2 phenotype; the association was mainly confined to subjects possessing the putative NAT1-rapid, NAT2-rapid and CYP1A2-rapid genotype/phenotype. The carotenoid-bladder cancer association was not affected by the GSTM1, GSTT1 and GSTP1 genotypes. (C) 2004 Wiley-Liss, Inc. [References: 37]

Publication Type
Article

Citation 50.

Authors

Hughes AM. Armstrong BK. Vajdic CM. Turner J. Grulich A. Fritschi L. Milliken S. Kaldor J. Benke G. Krickler A.

Title

Pigmentary characteristics, sun sensitivity and non-Hodgkin lymphoma

Source

International Journal of Cancer. 110(3):429-434, 2004 Jun 20.

Abstract

We report on pigmentary characteristics, sun sensitivity and some other possible risk factors for non-Hodgkin lymphoma (NHL) in people 20-74 years of age. A statewide case-control study was conducted in New South Wales, Australia, with population-based sampling of cases (n = 704) and controls (n = 694). Risk of NHL was increased in subjects with hazel eyes (OR = 1.48; 95% CI = 1.07-2.04), very fair skin (OR = 1.44; 95% CI = 1.01-2.07) and poor ability to tan (OR = 1.70; 95% CI = 1.06-2.71). Risk with mild facial freckling as a child (OR = 0.77; 95% CI =

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

0.59-0.99) was reduced relative to that with no or moderate to severe freckling. Smokers were not at increased risk of NHL. A past history of treatment for skin cancer was associated with a slight nonsignificant increase in risk. Previous radiotherapy and chemotherapy were associated with 1.5- to 2-fold increases in risk but with wide confidence intervals. These results provide weak support for the possibility that sun sensitivity or perhaps sun exposure increases risk of NHL. (C) 2004 Wiley-Liss, Inc. [References: 48]

Publication Type
Article

Citation 51.

Authors

Toyooka S, Suzuki M, Tsuda T, Toyooka KO, Maruyama R, Tsukuda K, Fukuyama Y, Iizasa T, Fujisawa T, Shimizu N, Minna JD, Gazdar AF.

Title

Dose effect of smoking on aberrant methylation in non-small cell lung cancers

Source

International Journal of Cancer. 110(3):462-464, 2004 Jun 20.

Publication Type
Letter

Citation 52.

Authors

Fukuoka Y, Dracup K, Kobayashi F, Ohno M, Froelicher ES, Hirayama H.

Title

Illness attribution among Japanese patients with acute myocardial infarction

Source

Heart & Lung: Journal of Acute & Critical Care. 33(3):146-153, 2004 May-Jun.

Abstract

OBJECTIVE: The purpose of this study was to describe causal attribution of acute myocardial infarction (AMI) in Japanese patients.

DESIGN: A cross-sectional study design was used.

SETTING: The setting for this study was 5 hospitals in urban areas in Japan.

SAMPLE: A convenience sample of 155 patients admitted with AMI was used.

MEASURES: Causal attribution was assessed by a semi-structured interview. Known risk factors were assessed by medical record review and patient interview.

RESULTS: Twenty-two different primary causes for AMI were identified. Patients most commonly cited smoking, stress, and diet as risk factors. Except for smoking, Japanese patients did not identify their cardiac risk factors as a cause of their AMI. Controlling for sociodemographic characteristics, patients with a recorded history of coronary heart disease were significantly less likely to attribute their cardiac risk factors to their AMI ($P < .05$).

CONCLUSIONS: Effective education and counseling of patients after an AMI must be coupled with their view of what factors put them at risk for future AMIs. [References: 23]

Publication Type

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Article

Citation 53.

Authors

Froelicher ES, Li WW, Mahrer-Imhof R, Christopherson D, Stewart AL.

Title

Women's Initiative for Non-Smoking (WINS) VI: Reliability and validity of health and psychosocial measures in women smokers with cardiovascular disease

Source

Heart & Lung: Journal of Acute & Critical Care. 33(3):162-175, 2004 May-Jun.

Abstract

PURPOSE: We present psychometric properties of 9 health and psychosocial measures in a sample of hospitalized women with cardiovascular disease. This information will be useful to others needing to make choices about selection of health and psychosocial measurements in women smokers.

METHODS: Psychometric properties were examined using baseline measures from a cross-sectional study, nested within a randomized clinic trial, Women's Initiative for Non-Smoking. Women smokers hospitalized with cardiovascular disease were recruited from 10 hospitals in the San Francisco Bay Area. Measures included the perceived stress scale, a depression screener, self-efficacy, the sense of mastery scale, and measures of health-related quality of life from the Medical Outcomes Study.

RESULTS: The sample of 277 women smokers ranged in age from 34 to 86 years (mean=61+/-10.1). Studies of variability, including floor/ceiling effects, skewness, range, mean, and SD, indicated that most measures had sufficient variability to be predictive and detect both positive and negative changes over time. Internal-consistency reliabilities ranged from 0.63 to 0.86. Preliminary evidence of construct validity was found, with most hypotheses being confirmed.

CONCLUSIONS: The battery of tests included in the Women's Initiative for Non-Smoking trial may be useful in identifying women at high risk of relapse and in detecting short-term quality-of-life outcomes. The measures generally performed well and show promise for advancing our understanding of the process of successful smoking cessation in this population.

SUMMARY: Psychometric properties of the perceived stress scale, a depression screener, self-efficacy for quitting smoking, the sense of mastery scale, and measures of health-related quality of life from the Medical Outcomes Study in 277 women smokers hospitalized with cardiovascular disease were examined. The measures generally performed well and show promise for advancing our understanding of smokers in this population. [References: 42]

Publication Type
Article

Citation 54.

Authors

Violi F, Loffredo L, Musella L, Marcocaccia A.

Title

Should antioxidant status be considered in interventional trials with antioxidants?

Source

Heart (British Cardiac Society). 90(6):598-602, 2004 Jun.

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Abstract

The last decade has seen many trials with antioxidants in patients with cardiovascular disease, with equivocal results. One possible explanation for the disappointing findings is the lack of identification criteria of patients who are potential candidates for antioxidant treatment. Several studies have been carried out in patients at risk of cardiovascular disease, indicating that enhanced oxidative stress is associated with the presence of diabetes, hypercholesterolaemia, hypertension, and smoking. This review analyses the data reported so far to determine whether they clearly support the premise that patients at risk of cardiovascular events may be candidates for antioxidant treatment. [References: 48]

Publication Type

Editorial Material

Citation 55.**Authors**

Giovannucci E.

Title

Modifiable risk factors for colon cancer [Review]

Source

Gastroenterology Clinics of North America. 31(4):925-+, 2002 Dec.

Abstract

Although the specific mechanisms have not been fully elucidated, certain aspects of a Western diet and lifestyle play a critical role in the development of colon cancer. A likely important factor is energy balance; a high body mass index, the tendency of central deposition of adiposity, and physical inactivity increase the risk of colon cancer, possibly through their effects on hyperinsulinemia. Beyond their role in energy balance, it is unclear if macronutrients influence the risk of colon cancer, although some evidence suggests that red meat, especially processed meats, and highly refined carbohydrates may be deleterious. A strong benefit of fiber and fruits and vegetables has not been confirmed in most recent studies, though some evidence indicates that folate may be beneficial. High intakes of alcohol and smoking also appear to increase risk, while use of aspirin and other nonsteroidal anti-inflammatory drugs and postmenopausal estrogens may be beneficial. [References: 197]

Publication Type

Review

Citation 56.**Authors**

Frederiksen H. Frandsen H.

Title

Excretion of metabolites in urine and faeces from rats dosed with the heterocyclic amine, 2-amino-9H-pyrido[2,3-b]indole (A alpha C)

Source

Food & Chemical Toxicology. 42(6):879-885, 2004 Jun.

Abstract

2-amino-9H-pyrido[2,3-b]indole (AalphaC) is a mutagenic and carcinogenic heterocyclic amine formed during ordinary cooking. In model systems AalphaC can be formed by pyrolysing either tryptophan or proteins of animal or vegetable origin. In the present study, the in vivo metabolism of AalphaC in rats was investigated. Rats were dosed with tritium labelled AalphaC. Urine and faeces were collected over three days. The metabolites of AalphaC were characterised by HPLC-MS and quantified by liquid scintillation counting. Conjugated metabolites were characterised by

enzymatic hydrolyses with beta-Glucuronidase or arylsulfatase. The data showed that the metabolic pattern of AalphaC was similar in all rats. About 55% of the dose was excreted in urine and faeces during 72 h and the major amount of AalphaC metabolites (31%) was excreted during the first 24 h. In addition to a small amount of unmetabolised AalphaC seven conjugated metabolites were characterised. Three minor metabolites were characterised as AalphaC-N-2-glucuronide and glucuronic acid conjugates of 3-OH-AalphaC and 6-OH-AalphaC. Four metabolites were all characterised as sulphuric acid conjugates and accounted for the largest amount of metabolites excreted in urine. The two major sulphuric acid conjugates were identified as AalphaC-3-O-sulfate and AalphaC-6-O-sulfate, while the minor sulphuric acid conjugates were proposed to be other O-sulfonated metabolites. In faeces only AalphaC was excreted and accounted for about 12% of dose during the first 24 hours. Any activated metabolites of AalphaC were not detected in rat urine or faeces. In future accumulation or binding of AalphaC to macromolecules such as DNA and proteins has to be studied. (C) 2004 Elsevier Ltd. All rights reserved. [References: 28]

Publication Type

Article

Citation 57.**Authors**

Baker RR. Massey ED. Smith G.

Title

An overview of the effects of tobacco ingredients on smoke chemistry and toxicity

Source

Food & Chemical Toxicology. 42(Suppl S):S53-S83, 2004.

Abstract

This paper presents an overview of a series of studies designed to assess the influence of 482 tobacco ingredients on cigarette smoke chemistry and toxicity. The studies are: pyrolysis of the ingredients; influence of the ingredients on smoke constituents believed by regulatory authorities to be relevant to smoking-related diseases ("Hoffmann analytes"); influence of the ingredients on in vitro genotoxicity and cytotoxicity of smoke particulate matter; and influence of the ingredients on the inhalation toxicity of smoke. The present paper brings the salient features of these studies together. A pyrolysis technique has been developed which, as far as practicably possible, mimics the combustion conditions inside a burning cigarette. The results from 291 single-substance ingredients indicate that almost a third would transfer out of the cigarette burning zone at least 99% intact (i.e. less than 1% pyrolysis), and almost two thirds would transfer at least 95% intact. Of the ingredients that underwent some degree of pyrolysis, a few "Hoffmann analytes" were detected amongst the pyrolysis products of 19 ingredients. Taking into account maximum use levels, their maximum pyrolysis levels were generally small and often insignificant compared to the levels typically present in smoke. Possible exceptions were acetaldehyde and benzene from the pyrolysis of malic acid. However, subsequent smoke chemistry studies indicated that the maximum levels predicted from pyrolysis of this involatile substance were overestimated, suggesting that malic acid does not undergo complete pyrolysis in the burning cigarette and/or generates acetaldehyde and benzene at similar rates to that of tobacco on a per weight basis. When added to tobacco, many of the ingredient mixtures produced no significant effect on the levels of many of the "Hoffmann analytes" in smoke, while some produced increases or decreases relative to the relevant control cigarettes. The study has concentrated on the increases. Many of the differences were found to be not significant when the long-term variability of the analytical methodology was taken into account. However, even taking this into account, the smoke formaldehyde levels in two of the test cigarettes were significantly increased relative to their controls, by up to 26 mug (73%). These increases are likely to be due to the pyrolysis of

sugars, cellulose and other polysaccharide materials. The activity of smoke particulate matter from cigarettes containing tobacco ingredients has been determined with three in vitro bioassays, two for genotoxicity and one for cytotoxicity. These were the Ames test, the mammalian cell micronucleus assay, and the neutral red uptake cytotoxicity assay. Within the sensitivity and specificity of these bioassays, the specific activity of the cigarette smoke particulate matter was not changed by the addition of ingredients to the cigarette. Three 90-day sub-chronic inhalation studies have been undertaken and histopathological and histomorphometric assessments made within the respiratory tracts of animals exposed to smoke from cigarettes containing the various ingredient mixtures and their control cigarettes. The response due to tobacco smoke exposure was not distinguishable between the test and control cigarettes, indicating that the presence of the ingredients had made no discernable differences to the type and severity of the treatment-related changes. (C) 2004 Elsevier Ltd. All rights reserved. [References: 57]

Publication Type
Article

Citation 58.

Authors

Frankfurter D. Trimarchi JB. Silva CP. Keefe DL.

Title

Middle to lower uterine segment embryo transfer improves implantation and pregnancy rates compared with fundal embryo transfer

Source

Fertility & Sterility. 81(5):1273-1277, 2004 May.

Abstract

Objective: To assess differences in pregnancy and implantation rates as a function of the embryo placement.

Design: Prospective cohort study.

Setting: A tertiary care center.

Subject(s): All fresh, nondonor IVF cycles performed in 2001.

Intervention(s): Alteration in embryo transfer (ET) target location from the fundal region to the middle to lower uterine segment.

Main Outcome Measure(s): Clinical pregnancy rate (sonographic sac evidence/number of transfer cycles), implantation rate (number of sacs/number of embryos transferred), patient age, peak E-2, and fertilization rate.

Result(s): A total of 393 fundal and 273 lower to middle uterine segment ETs were performed. The pregnancy (PR), implantation, and birth rates were significantly higher after a middle to lower uterine segment ET compared with fundal ET (39.6% vs. 31.2%; 21% vs. 14%; and 34.1% vs. 26.2%, respectively). Groups did not differ regarding patient age, basal FSH, peak E-2, number of intracytoplasmic sperm injection (ICSI) cycles, fertilization rate, embryo quality, or number of embryos transferred.

Conclusion(s): Both PR and implantation rates are favorably affected by directing embryo placement to the lower to middle uterine segment. By some unknown mechanism, it appears that this endometrial location provides a more favorable region for embryo deposition. (Fertil Steril

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

((R)) 2004;81:1273-7. (C)2004 by American Society for Reproductive Medicine.). [References: 16]

Publication Type
Article

Citation 59.

Authors

Banerjee D. Khair OA. Honeybourne D.

Title

Impact of sputum bacteria on airway inflammation and health status in clinical stable COPD

Source

European Respiratory Journal. 23(5):685-691, 2004 May.

Abstract

Chronic obstructive pulmonary disease (COPD) is characterised by sputum production, bacterial colonisation, neutrophilic bronchial airway inflammation and poor health status. The aim of this study was to determine the impact of sputum potentially pathogenic microorganisms (PPMs) on bronchial airway inflammation, health status and plasma fibrinogen levels in subjects with moderate-to-severe COPD during the clinical stable state.

Sputum total cell and neutrophil counts, supernatant interleukin-8, leukotriene B-4, tumour necrosis factor- α and neutrophil elastase levels, neutrophil chemotaxis and plasma fibrinogen levels were estimated. Health status was determined using the St George's Respiratory Questionnaire and the 36-item Short-Form Health Survey questionnaire.

Twenty-seven (40%) subjects had PPMs and 40 (60%) non-PPMs in their sputum. Both groups were of similar age, body mass index, smoking history and lung function. The PPMs group showed significantly higher levels of interleukin-8, leukotriene B-4, tumour necrosis factor- α , neutrophil elastase and increased neutrophil chemotaxis. They also exhibited worse health status and raised plasma fibrinogen levels compared to the non-PPMs group.

In conclusion, subjects with clinically stable moderate-to-severe chronic obstructive pulmonary disease who had potentially pathogenic microorganisms in their sputum demonstrated an exaggerated airway inflammatory response, poorer health status and increased plasma fibrinogen levels than those who had nonpotentially pathogenic microorganisms. [References: 33]

Publication Type
Article

Citation 60.

Authors

Willigendael EM. Teijink JAW. Bartelink ML. Boiten J. Moll FL. Buller HR. Prins MH.

Title

Peripheral arterial disease: Public and patient awareness in the Netherlands

Source

European Journal of Vascular & Endovascular Surgery. 27(6):622-628, 2004 Jun.

Abstract

Objective. To determine critical issues for future awareness programmes on peripheral arterial disease (PAD).

Design. National Dutch survey.

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Materials and methods. A representative sample of 1294 members of the general population, and 281 patients with PAD from the Capi@home database were administered a questionnaire concerning awareness of PAD.

Results. The response rate was 81% for the general population and 78% for patients with PAD. The familiarity with PAD terminology and symptoms amongst the general population was low. Few patients (20%) were aware that PAD was a disease of arteries. Amongst both the general population and the patient populations, PAD risk factors identification was low: hypertension (4% versus 0%); hypercholesterolaemia (9% versus 12%), diabetes (2% versus 8%), and smoking (27% versus 52%). Knowledge was moderate in both populations about treatment with exercise, but low for smoking cessation. The general population was unaware of the central role of general practitioners in the treatment of PAD.

Conclusions. The awareness of symptoms, risk factors, and treatment options for PAD is low. Both population and patients needed only minimal information to relate PAD to other atherosclerotic diseases. Based on the results of this survey the Dutch Platform of Peripheral Arterial Disease together with the Dutch Heart Foundation are initiating the first awareness campaign on atherosclerosis. [References: 23]

Publication Type
Article

Citation 61.

Authors

dos Santos L, Odunsi K, Lele S.

Title

Clinicopathologic outcomes of laser conization for high-grade cervical dysplasia

Source

European Journal of Gynaecological Oncology. 25(3):305-307, 2004.

Abstract

Purpose of investigation: To evaluate the incidence of thermal artifact and rates of persistent disease and recurrence in laser conization for cervical dysplasia.

Methods: A retrospective study examined the cases of 110 patients who underwent carbon dioxide laser conization for high-grade cervical dysplasia at our institution between January 1999 and March 2002. Rates of thermal artifact, persistent disease, recurrence, hemorrhage and cervical stenosis were investigated. Dysplasia severity and recurrence rates in smokers were also evaluated.

Results: One hundred and five (95.5%) of 110 laser cones had negative margins, and only five (4.5%) had significant thermal artifact, with two (1.8%) noted to interfere with adequate evaluation of margins. Seventy-eight patients returned to Roswell Park Cancer Institute (RPCI) for follow-up with a mean follow-up period of 15.7 months. Fourteen (12.7%) patients had persistent disease detected within two visits, and one (0.9%) patient had a recurrence of dysplasia at ten months. One (0.9%) patient had same-day postoperative hemorrhage requiring hemostatic suturing. There were no cases of cervical stenosis detected at follow-up. Smokers had an increased incidence of high-grade lesions on cone biopsy when compared to non-smokers (46/57 and 30/53 patients, 80.7% and 56.7%, respectively; $p = 0.008$). The rate of persistent disease or recurrence was 8/57 (14%) in smokers and 7/53 (13.2%) in non-smokers ($p =$ not significant).

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Conclusion: Laser conization is an efficacious and safe procedure for the treatment of high-grade cervical dysplasia, with a very low incidence of thermal artifact and postoperative complications, and a relatively low rate of persistent disease. Smokers had a significantly increased incidence of high-grade lesions on cone biopsy. [References: 16]

Publication Type
Article

Citation 62.

Authors

Koullias GJ, Korkolis DP, Wang XJ, Hammond GL.

Title

Current assessment and management of spontaneous pneumomediastinum: experience in 24 adult patients

Source

European Journal of Cardio-Thoracic Surgery. 25(5):852-855, 2004 May.

Abstract

Objectives: Spontaneous pneumomediastinum (SPM) is all uncommon, benign, self-limited disorder that Usually occurs in young adults without any apparent precipitating factor or disease. The purpose of this study was to review our experience in dealing with this entity and detail a reasonable Course of assessment and management. Methods: A retrospective case series was conducted to identify adult patients with SPM who were diagnosed and treated in a single institution between 1993 and 2000. Results: Twenty-four patients were identified who included 18 men and 6 women with a mean age of 17.5 years. Acute onset chest pain was the predominant symptom at presentation. Only half of the patients developed clinically evident subcutaneous emphysema. The most frequent precipitating factor was a history of illegal drug abuse seen in 25% of patients. Other factors included asthmatic bronchospasm, physical activity and violent coughing or vomiting. Chest radiography and computerized tomography (CT) were diagnostic in all cases with CT scan revealing six cases with associated pulmonary abnormalities. Esophagogram and flexible bronchoscopy were selectively used. Twelve patients (50%) were admitted to the hospital. Their mean hospital stay was 2 days. All patients were conservatively treated. In a follow-up of 3-10 years no complications or recurrences were observed. Conclusions: SPM follows alveolar rupture ill the pulmonary interstitium. It shows a rising incidence in young drug users. It has a wide range of clinical features necessitating a high index of suspicion. Chest X-ray and CT scan should be always performed. Hospitalization and aggressive approach should be limited. SPM responds well to conservative treatment and follows a benign natural course. (C) 2004 Elsevier B.V. All rights reserved. [References: 25]

Publication Type
Article

Citation 63.

Authors

Buccheri G, Ferrigno D.

Title

Lung cancer in North-West Italy: demographic and clinical trends in a hospital-based population of 1277 patients

Source

European Journal of Cancer Prevention. 12(6):455-461, 2003 Dec.

Abstract

This study intends to assess which demographic and/or clinical characteristics of lung cancer - if

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

any - have changed during the last two decades in an Alpine area of North-West Italy. The study was carried out on 1277 consecutive lung cancer patients seen from January 1989 to October 2002 in a single institution. A set of 33 anthropometric, clinical, physical, laboratory, radiological and pathological variables was prospectively recorded for all patients. The date of diagnosis was used to divide the study population in quartiles of diagnostic age (period I: January 1989 to May 1992, 319 patients; period II: June 1992 to September 1995, 319 patients; period III: October 1995 to May 1999, 320 patients; period IV: June 1999 to October 2002, 319 patients). Patients were carefully followed up, and their subsequent clinical course recorded. The following variables showed a significant increasing trend over the years: patients' age, female sex, rate of ex-smokers, level of education, co-morbidity (both the number and the severity of previous pulmonary and extrapulmonary diseases), weight loss, liver enzymes and blood creatinine, carcinoembryonic antigen levels and the rate of adenocarcinomas. On the other hand, performance status, stage of disease, metastatic pattern, treatment modalities and survival expectancy did not change. Therefore, no diagnostic or therapeutic improvements occurring during the last 14 years had a visible impact on patients. It may be that the 'changing face' of lung cancer masked their effects. (C) 2003 Lippincott Williams Wilkins. [References: 30]

Publication Type
Article

Citation 64.

Authors

Varzim G. Monteiro E. Silva RA. Fernandes J. Lopes C.

Title

CYP1A1 and XRCC1 gene polymorphisms in SCC of the larynx

Source

European Journal of Cancer Prevention. 12(6):495-499, 2003 Dec.

Abstract

The present study was undertaken to examine CYP1A1 and XRCC1 polymorphisms as potential genetic susceptibility markers for laryngeal squamous cell carcinoma (SCC). Eighty-eight patients with laryngeal SCC and 178 randomly selected healthy blood donors from the same Caucasian population (Porto, Northern Portugal) were analysed for CYP1A1 (MspI and NcoI) and XRCC1 (Arg194Trp and Arg399Gln) polymorphisms, using PCR-RFLP techniques. CYP1A1 MspI MH (mutant homozygous) and CYP1A1 NcoI HT (heterozygous) genotypes were more frequent in patients than in controls, with those carrying a CYP1A1 NcoI HT genotype having a 2.3-fold higher risk for tumour development. On the other hand, polymorphisms in XRCC1 codon 399 and codon 194 do not seem to play a role in the aetiology of smoking-related laryngeal SCC, once its distribution was similar in both analysed groups. All the significant associations observed were exclusively due to differences between controls and larynx glottic cancer patient subgroup. Furthermore, lower lifetime tobacco consumption was observed in laryngeal SCC patients carrying the MspI and NcoI polymorphisms, than in those who did not show the polymorphic variants. This investigation seems to support the importance of CYP1A1 gene polymorphism as a potential genetic marker of laryngeal cancer development, specially concerning smokers who have inherited the at-risk genotypes CYP1A1 MspI MH or CYP1A1 NcoI HT, who do appear to be more susceptible to the development of SCC of the glottic larynx. (C) 2003 Lippincott Williams Wilkins. [References: 25]

Publication Type
Article

Citation 65.

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Authors

Kristjansson S. Branstrom R. Ullen H. Helgason AR.

Title

Transtheoretical model: investigation of adolescents' sunbathing behaviour

Source

European Journal of Cancer Prevention. 12(6):501-508, 2003 Dec.

Abstract

The incidence of malignant melanoma and non-melanoma skin cancers has increased rapidly in Sweden as well as in other western countries during the last 20 years. Adolescents are an important group in skin cancer prevention. Interventions targeting this group have been reported to affect knowledge and attitudes, but the effect on sun protection behaviour has been slight. The aim of this study was to investigate the applicability of the Transtheoretical Model (TTM) for skin cancer prevention for adolescents. A random sample of 1200 18-year-olds living in Stockholm County was selected from the national census registry. A questionnaire that included three of the major constructs of the TTM (i.e. stages of change, processes of change and decisional balance) was sent by mail. The majority of the teenagers were in the precontemplation stage for giving up intentional tanning. The relations between the stages of change and two other major constructs of the TTM, processes of change and decisional balance, were consistent with data on other health behaviours. The results may aid in developing successful skin cancer prevention programmes. The results give support for the stages of change measurement used in this study and that utilizing the TTM in skin cancer prevention may be appropriate. (C) 2003 Lippincott Williams Wilkins. [References: 33]

Publication Type

Article

Citation 66.

Authors

Luostarinen T. Lehtinen M. Bjorge T. Abeler V. Hakama M. Hallmans G. Jellum E. Koskela P. Lenner P. Lie AK. Paavonen J. Pukkala E. Saikku P. Sigstad E. Thoresen S. Youngman LD. Dillaer J. Hakulinen T.

Title

Joint effects of different human papillomaviruses and Chlamydia trachomatis infections on risk of squamous cell carcinoma of the cervix uteri

Source

European Journal of Cancer. 40(7):1058-1065, 2004 May.

Abstract

This case-control study based in Nordic serum banks evaluated the joint effects of infections with genital human papillomavirus (HPV) types, and Chlamydia trachomatis in the aetiology of cervical squamous cell carcinoma. Through a linkage with the cancer registries, 144 cases were identified and 420 controls matched to them. Exposure to past infections was defined by the presence of specific IgG antibodies. The odds ratio (OR) for the second-order interaction of HPV16, HPV6/11 and C. trachomatis was small (1.0) compared to the expected multiplicative OR, 57, and the additive OR, 11. The interactions were not materially different among HPV16 DNA-positive squamous cell carcinomas. When HPV16 was replaced with HPV18/33 in the analysis of second-order interactions with HPV6/11 and C. trachomatis, there was no evidence of interaction, the joint effect being close to the expected additive OR. Possible explanations for the observed antagonism include misclassification, selection bias or a true biological phenomenon with HPV6/11 and C. trachomatis exposures antagonizing the carcinogenic effects of HPV16. (C) 2004 Elsevier Ltd. All rights reserved. [References: 29]

Publication Type

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Article

Citation 67.

Authors

Park SM, Son KY, Lee YJ, Lee HCS, Kang JH, Chang YJ, Yun YH.

Title

A preliminary investigation of early smoking initiation and nicotine dependence in Korean adults

Source

Drug & Alcohol Dependence. 74(2):197-203, 2004 May 10.

Abstract

Background: Few studies have investigated the association between age at smoking initiation and Fagerstrom test for nicotine dependence (FTND) in adulthood. The goal of this study was to develop the Korean version of FTND (FTND-K) and to examine the relationship between age at smoking initiation and nicotine dependence. **Methods:** This investigation used data from 268 current smokers who visited the Center for Cancer Prevention and Early Detection in the National Cancer Center, Korea. The internal consistency of the FTND-K was assessed by Cronbach's coefficient alpha. Pearson's correlation coefficients were used to assess the relationships between the FTND-K sum scores and urinary cotinine levels. One-way analysis of variance (ANOVA) and t-tests were used to assess differences in the FTND-K sum score between groups. Factor associated with nicotine dependence were identified through stepwise multiple logistic regression analysis. **Results:** The standardized Cronbach's alpha of FTND-K was 0.72. A significant positive correlation was seen between the FTND-K sum score and urinary cotinine level (correlation coefficient = 0.49, $P < 0.05$). Age at smoking initiation had a significant association with the FTND-K sum score in univariate analysis. In multivariate analysis, nicotine dependence was higher in smokers that started smoking cigarettes at 19 years or earlier than in those that started at 25 years or later (OR = 11.25, 95% CIs, 1.46-97.10). **Conclusions:** The FTND-K is a valid assessment tool of nicotine dependence with acceptable levels of internal consistency and close correlation to urinary cotinine level. The finding that those who initiate smoking at an early age tend to be more nicotine dependent underscores and reinforces the public health significance of delaying smoking onset. (C) 2003 Elsevier Ireland Ltd. All rights reserved. [References: 29]

Publication Type

Article

Citation 68.

Authors

Agewall S, Berglund M, Henareh L.

Title

Reduced quality of life after myocardial infarction in women compared with men

Source

Clinical Cardiology. 27(5):271-274, 2004 May.

Abstract

Background: Psychosocial factors have been suggested as risk factors for atherosclerotic disease.

Hypothesis: The purpose of the present study was to examine whether there is a gender difference in quality of life after a myocardial infarction with modern treatment of acute ischemic heart disease.

Methods: In all, 123 men and women aged between 31 and 80 years, and with a hospital-

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

diagnosed myocardial infarction occurring 1-12 months prior to inclusion, were studied. Minor symptoms evaluation profile (MSEP) was used to estimate quality of life at entry.

Results: Age, hemodynamic data, smoking habits, as well as laboratory data, concomitant cardiovascular disease, and revascularization rate did not differ between men and women. Women had significantly more negative feelings regarding all the estimated dimensions of quality of life (Contentment, Vitality, and Sleep) than did men.

Conclusion: Self-assessed quality of life after a myocardial infarction was significantly lower among women than among men despite similar age, treatment, and hemodynamic and laboratory data. The causal relationship is however, not known. Further studies are needed to evaluate the underlying mechanism of this observation. This may lead to the development of novel treatment strategies in female patients after a myocardial infarction. [References: 19]

Publication Type

Article

Citation 69.

Authors

Kramer MS, Guo T, Platt RW, Sevskovskaya Z, Dzиковich I, Collet JP, Shapiro S, Chalmers B, Hodnett E, Vanilovich I, Mezen I, Ducruet T, Shishko G, Bogdanovich N.

Title

Does previous infection protect against atopic eczema and recurrent wheeze in infancy?

Source

Clinical & Experimental Allergy. 34(5):753-756, 2004 May.

Abstract

Background Frequent infection in infancy and early childhood has been hypothesized to explain the low prevalence of asthma and other atopic disease among children in developing countries (the so-called 'hygiene hypothesis'), but the low prevalence in Eastern Europe remains unexplained.

Objective To test the hygiene hypothesis in the Republic of Belarus by examining the relationship between gastrointestinal (GI) and respiratory infection and two potentially atopic outcomes in the first 12 months of life: atopic eczema and recurrent wheeze.

Methods We carried out two case-control studies nested within a large (n=17 046) randomized trial in Belarus, with cases defined as (1) first occurrence of atopic eczema (n=819) and (2) second episode of wheezing (n=112). Incidence density sampling was used to select four matched controls born within 1 month at the same hospital as the case. Exposure was defined as one or more episodes of GI or respiratory infection (examined separately) with onset >7 days before onset of the case's atopic outcome. Analyses controlled for family atopic history, duration of exclusive breastfeeding, sex, birth weight, maternal education, and (for recurrent wheeze) maternal smoking.

Results For atopic eczema, prior GI infection occurred in 7.4% of cases vs. 6.0% of controls [adjusted OR=1.27 (0.94-1.72)] and prior respiratory infection in 35.2% vs. 32.6% [adjusted OR=1.14 (95% CI=0.94-1.37)]. For recurrent wheeze, prior GI infection occurred in 9.8% of cases vs. 7.4% of controls [adjusted OR=1.30 (0.60-2.82)].

Conclusion Our results do not support the hypothesis that infection protects against atopic eczema or recurrent wheezing in the first 12 months of life. [References: 38]

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Publication Type
Article**Citation** 70.**Authors**

Yemaneberhan H. Flohr C. Lewis SA. Bekele Z. Parry E. Williams HC. Britton J. Venn A.

Title

Prevalence and associated factors of atopic dermatitis symptoms in rural and urban Ethiopia

Source

Clinical & Experimental Allergy. 34(5):779-785, 2004 May.

Abstract

Background Allergic diseases, including atopic dermatitis (AD), are increasingly becoming a clinical problem in developing countries.

Objective We investigated the prevalence of AD symptoms and the effects of potential environmental aetiologies in rural and urban areas of Jimma in southwestern Ethiopia.

Methods Information on allergic disease symptoms and lifestyle factors was gathered in an interviewer-led cross-sectional questionnaire-based population survey of 9844 urban and 3032 rural participants of all ages. A one-in-four subsample underwent skin prick testing for hypersensitivity to Dermatophagoides pteronyssinus, mixed threshings, and aspergillus.

Results Around 95% of those eligible took part in the survey. Lifetime cumulative prevalence of AD symptoms was generally low with an overall prevalence of 1.2%, but was higher in the urban (1.5%) than in the rural area (0.3%; odds ratio (OR)=4.45 [95% CI 2.34-8.47]). AD symptoms were strongly associated with wheeze (adjusted OR=22.03 [15.45-31.42]) and rhinitis symptoms (61.94 [42.66-89.95]). Of several environmental exposures assessed, residence in a house made of brick (rather than mud) walls with wooden (rather than clay) floor, exposure to cigarette smoke as a child, having lived outside of Jimma in the past, and being of the Tigrean ethnic group were associated with an increased risk of AD symptoms.

Conclusion Although the overall prevalence of AD symptoms was low in this Ethiopian population, a marked urban-rural gradient was evident. Lifestyle factors linked to urbanization were associated with an increased risk of AD symptoms. [References: 19]

Publication Type
Article**Citation** 71.**Authors**

Waterer GA. Temple SE.

Title

Do we really want to know why only some smokers get COPD?

Source

Chest. 125(5):1599-1600, 2004 May.

Publication Type

Editorial Material

Citation 72.<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Authors

Manfreda J. Sears MR. Becklake MR. Chan-Yeung M. Dimich-Ward H. Stersted HC. Ernst P. Sweet L. Van Til L. Bowie DM. Anthonisen NR.

Title

Geographic and gender variability in the prevalence of bronchial responsiveness in Canada

Source

Chest. 125(5):1657-1664, 2004 May.

Abstract

Objectives: Geographic variability in reported prevalences of asthma worldwide could in part relate to interpretation of symptoms and diagnostic biases. Bronchial responsiveness measurements provide objective evidence of a common physiologic characteristic of asthma. We measured bronchial responsiveness using the standardized protocol of the European Community Respiratory Health Survey (ECRHS) in six sites in Canada, and compared prevalences across Canada with international sites.

Design: Samples of 3,000 to 4,000 adults aged 20 to 44 years were randomly selected in Vancouver, Winnipeg, Hamilton, Montreal, Halifax, and Prince Edward Island, and a mail questionnaire was completed by 18,616 individuals (86.5%). Preselected random subsamples (n = 2,962) attended a research laboratory for examination including more detailed questionnaires, lung function testing including methacholine challenge, and skin testing with 14 allergens.

Results: Prevalences of bronchial hyperresponsiveness, measured as cumulative dose of methacholine required to produce a 20% fall from the post-saline solution FEV1 less than or equal to 1 mg, ranged from 4.9% (95% confidence interval [CI], 1.6 to 8.5) in Halifax to 22.0% (95% CI, 18.1 to 26.0) in Hamilton (median, 10.7%). In all Canadian sites, bronchial hyperresponsiveness was more prevalent in women than in men. Neither the geographic nor gender differences were accounted for by differences in age, smoking, skin test reactivity, or baseline FEV1. Geographic- and gender-related variability changed little when only bronchial hyperresponsiveness associated with asthma-like symptoms was considered.

Conclusions: A wide variability in bronchial responsiveness can occur within one country, almost as wide as the range found across all international sites participating in the ECRHS study and not explained by differences in gender, smoking, skin test reactivity, and FEV1. While gender variability in the prevalence of bronchial responsiveness is likely due to hormonal and immunologic factors, geographic variability is likely to result from environmental factors. [References: 36]

Publication Type
Article**Citation** 73.**Authors**

Lewis TC. Stout JW. Martinez P. Morray B. White LC. Heckbed SR. Redding GJ.

Title

Prevalence of asthma and chronic respiratory symptoms among Alaska native children

Source

Chest. 125(5):1665-1673, 2004 May.

Abstract

Study objectives: To quantify the prevalence and impact of chronic respiratory symptoms among predominantly Alaska Native (AN)/American Indian (AI) middle school students.

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Design: School-based prevalence assessment using the International Study of Asthma and Allergy in Children survey, with supplemental video material and added questions about productive cough, exposure to tobacco smoke, and the functional impact of symptoms. Setting: The Yukon-Kuskokwim delta region of western Alaska.

Participants: A total of 466 children in the sixth to ninth grades, 81% of whom are AN/AI (377 children). **Interventions:** No study intervention.

Results: Among the 377 AN/AI children, 40% reported one of the following three categories of chronic respiratory disease: physician-diagnosed asthma, 7.4%; asthma-like symptoms (ALS) without an asthma diagnosis, 11.4%; and chronic productive cough (CPC) without asthma diagnosis or symptoms, 21.5%. Symptom prevalence differed substantially between the largest town in the region and rural villages. After an adjustment for demographic factors, exposure to environmental tobacco smoke, active tobacco smoking, and self-report of atopy, village residents were 63% less likely to have ALS ($p = 0.009$), and had a twofold greater risk of CPC ($p < 0.001$) compared to children living in the town. Children with respiratory symptoms experienced sleep disturbances and accessed clinic visits for respiratory problems more often than did asymptomatic children.

Conclusions: Chronic respiratory symptoms are very common among AN children. CPC is an important nonasthmatic respiratory condition in this population. The differing patterns of respiratory illness within this region may help to elucidate the specific risk factors for asthma and chronic bronchitis in children. [References: 53]

Publication Type
Article

Citation 74.

Authors

Schutz C. Kratzel K. Wolf K. Schroll S. Kohler M. Pfeifer M.

Title

Activation of bronchial epithelial cells in smokers without airway obstruction and patients with COPD

Source

Chest. 125(5):1706-1713, 2004 May.

Abstract

Study objective: The aim of this study was to investigate the basal level as well as the tumor necrosis factor (TNF)-alpha- and interferon (IFN)-gamma-induced expression and release of the neutrophil chemoattractants interleukin (IL)-8 and growth-related oncogene (GRO)-alpha in primary bronchial epithelial cells (PBECS) from smokers without airflow obstruction and patients with COPD. In addition, the expression of both TNF-alpha-receptor subtypes-p55 TNF-receptor subtype (TNF-R55) and p75 TNF-receptor subtype (TNF-R75)-was quantified in PBECS.

Design: PBECS from eight smokers without airflow limitation and eight patients with COPD were stimulated with 50 ng/mL of TNF and 200 U/mL of IFN-gamma for 4 h along with unstimulated time controls. The transcriptional expression and protein release were quantitatively assessed by means of real-time polymerase chain reaction and enzyme-linked immunosorbent assay.

Results: Basal level messenger RNA (mRNA) expression and protein release of IL-8 and GRO-

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

alpha were not significantly different between both groups, although a trend toward higher IL-8 levels was seen in patients with COPD. TNF-alpha induced significantly higher mRNA amounts of IL-8 ($p = 0.005$) and GRO-alpha ($p = 0.007$) in patients with COPD. This was accompanied by higher protein release data for IL-8 ($p = 0.005$) and GRO-alpha ($p = 0.007$). IFN-gamma had no significant effect on the mRNA expression and protein release of IL-8 and GRO-a in either group. TNF-R55 and TNF-R75 were detectable in PBECS. However, no significant differences were found between both groups with respect to steady-state mRNA levels of TNF-alpha-receptor subtypes.

Conclusion: PBECS from patients with COPD show significantly higher TNF-alpha-induced release of the neutrophil chemoattractant CXC-chemokines IL-8 and GRO-alpha compared to smokers without airflow limitation. This increased activation of PBECS may contribute to the predominance of neutrophils seen in the airway lumen of patients with COPD. [References: 27]

Publication Type
Article

Citation 75.

Authors

Snyder LD. Eisner MD.

Title

Obstructive lung disease among the urban homeless

Source

Chest. 125(5):1719-1725, 2004 May.

Abstract

Study objectives: Homelessness is a growing problem in the United States that may significantly impair physical health. The homeless have a high prevalence of cigarette smoking, poor nutrition, and adverse environmental exposures, which could contribute to obstructive lung disease (OLD). Despite this risk, the prevalence of OLD among the homeless remains unknown. We aimed to systematically assess the prevalence of OLD among the urban homeless.

Design, setting, and participants: We conducted a cross-sectional study of the prevalence of OLD among homeless individuals in San Francisco. By random sampling, we recruited 68 adults living in one homeless shelter to participate in a structured interview survey and spirometry assessment. We used a multifaceted approach to assess OLD, including respiratory symptoms, self-reported physician diagnosis of asthma, chronic bronchitis, emphysema, or COPD, and spirometry (defined as FEV1 < 80% predicted and FEV1/FVC ratio < 0.70).

Results: Sixty-eight adults completed the survey, and 67 adults completed the spirometry. Homeless adults were likely to be homeless < 1 year and homeless for the first time. There was a high prevalence of cigarette smoking (75% ever smokers, 68% current smokers). The prevalence of symptoms suggestive of OLD was high, including cough (29%), wheezing (40%), chronic bronchitis symptoms (21%), and dyspnea on exertion (29%). A substantial proportion of homeless subjects indicated a prior diagnosis of asthma (24%), chronic bronchitis (19%), and COPD (4%). Based on spirometry, the prevalence of OLD was 15% (95% confidence interval, 8 to 26%), which was more than double the expected prevalence in the general US population.

Conclusions: As OLD is a leading cause of death in the United States, it is important to identify it early for treatment. Homeless individuals have a higher-than-expected prevalence of OLD. Public health interventions should target the homeless population for prevention and treatment of OLD. [References: 48]

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Publication Type
Article**Citation 76.****Authors**

Noguera A. Sala E. Pons AR. Iglesias J. MacNee W. Agusti AGN.

Title

Expression of adhesion molecules during apoptosis of circulating neutrophils in COPD

Source

Chest. 125(5):1837-1842, 2004 May.

Abstract

Study objectives: Neutrophil accumulation occurs in the lungs of patients with COPD. This can be due to increased recruitment and/or delayed tissue clearance. Previous studies have described alterations in circulating neutrophils in these patients that can facilitate the former. Dysregulation of neutrophil apoptosis may contribute to the latter. This study investigated the potential abnormalities of the apoptotic process in COPD patients.

Design: Prospective study.

Settings: Outpatient clinic in a urban, tertiary hospital.

Patients: Fourteen stable patients with COPD, 8 smokers with normal lung function, and 8 healthy nonsmoking subjects.

Measurements and results: We cultured circulating neutrophils that had been harvested from the study subjects at 2, 6, and 24 h. Apoptosis was assessed using flow cytometry by annexin binding and CD16 expression. The surface expression of the adhesion molecules Mac-1 (CD11b) and L-selectin (CD62L) also was determined by flow cytometry. The percentage of apoptotic neutrophils increased with time similarly in all groups. However, the surface expression of Mac-1 (CD11b) was higher, and that of L-selectin (CD62L) was lower, during apoptosis in the neutrophils of patients with COPD.

Conclusions: These results show that, quantitatively, in vitro neutrophil apoptosis in COPD patients occurred at a rate similar to that found in healthy individuals and smokers with normal lung function. Qualitatively, however, the increased surface expression of Mac-1 (CD11b) and the decreased surface expression of L-selectin (CD62L) observed in the apoptotic neutrophils of COPD patients indicate increased activation during the apoptotic process. This may be relevant for the pathogenesis of COPD. [References: 28]

Publication Type
Article**Citation 77.****Authors**

Molfino NA.

Title

Genetics of COPD

Source

Chest. 125(5):1929-1940, 2004 May.

Abstract<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

COPD is a complex mix of signs and symptoms in patients with chronic bronchitis and emphysema, diseases that largely result from cigarette smoking. Not all smokers, however, acquire COPD, and COPD can develop in nonsmokers. In the United States, COPD is currently the fourth leading cause of death. Surprisingly, there are no effective drug therapies for COPD that are able to significantly alter disease progression, and little is known of the underlying molecular mechanisms that are responsible for its occurrence. Candidate gene-association studies and linkage analyses have been reported for COPD patients. This review describes the genetic predisposition of healthy subjects or relatives of COPD patients to acquire COPD. In addition, the genetic bases of COPD with rapid decline of FEV1 are described, and the current genetic data that have been distilled from studies of COPD patients with a predominant emphysema phenotype, with chronic bronchitis phenotype, and with a response to bronchodilators are discussed. [References: 65]

Publication Type
Article**Citation 78.****Authors**

Kaminsky DA.

Title

COPD and smoking cessation motivation

Source

Chest. 125(5):1958, 2004 May.

Publication Type
Letter**Citation 79.****Authors**

Gorecka D.

Title

COPD and smoking cessation motivation

Source

Chest. 125(5):1958-1959, 2004 May.

Publication Type
Letter**Citation 80.****Authors**

Schneider J. Bernges U. Philipp M. Weitowitz HJ.

Title

GSTM1, GSTT1, and GSTP1 polymorphism and lung cancer risk in relation to tobacco smoking

Source

Cancer Letters. 208(1):65-74, 2004 May 10.

Abstract

The impact of genetic polymorphisms in GSTM1, GSTP1 or GSTT1 on susceptibility to lung cancer has received particular interest since these enzymes play a central role in detoxification of major classes of tobacco carcinogens. In the current German study we investigated the role of GSTM1, GSTT1 and GSTP1 polymorphisms as a genetic modifier of risk for individuals with lung cancer as susceptible genotypes especially in relation to tobacco smoking.

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

The GSTM1, the GSTP1 as well as GSTT1-polymorphism were determined by real time PCR analysis in 446 lung cancer patients and 622 controls.

The observed allele frequencies of the GSTP1 polymorphism in the population were within the range described for Caucasians. Multivariate analyses of lung cancer patients, who carried at least one mutant variant allele of GSTP1 (OR = 1.03; 95%-CI: 0.76-1.39) did not show any elevated risks. GSTM1 or GSTT1 null-genotypes were found in 47.3% resp. 18.5% of the controls and in 52.5% resp. 16.8% of the cancer patients. The estimated risk of the GSTM1 null genotype for lung cancer was OR = 1.34 (95%-CI: 0.99-1.81) and for the GSTT1 null genotype OR = 0.88 (95%-CI: 0.59-1.32). When analyzed by histology no individual subtype of lung cancer was strongly associated with the polymorphisms. Lung cancer risk rose significantly with higher cumulative cigarette consumption confirming the association with smoking-related lung cancer risk. Stratified analysis between tobacco smoking and variant genotypes revealed for heavy smokers (> 60 pack-years) increasing risks at the presence for at least one copy of the GSTP1 variant allele OR = 50.56 (95%-CI: 15.52-164.79). The corresponding risks for GSTM1 null genotypes were OR = 112.08 (95%-CI: 23.02-545.71) and for the GSTT1 null-genotype OR = 158.49 (95%-CI: 17.75-1415.06) in smokers >60 pack-years.

Analysing the interaction between tobacco smoking and the genotypes, combined smoking and having the susceptible Genotypes did not show a joint effect.

In this study polymorphisms of the GSTM1, GSTT1 or GSTP1 had no relevant modifying effect on lung cancer risk and cumulative smoking dose. 2004 Elsevier Ireland Ltd. All rights reserved. [References: 27]

Publication Type
Article

Citation 81.

Authors

Kujawski M. Jarmuz M. Rydzanicz M. Szukala K. Wierzbicka M. Grenman R. Golusinski W. Szyfter K.

Title

Frequent chromosome Y loss in primary, second primary and metastatic squamous cell carcinomas of the head and neck region

Source

Cancer Letters. 208(1):95-101, 2004 May 10.

Abstract

The loss of chromosome Y has often been observed in human solid tumors. This chromosome aberration has been proposed as one of genetic changes predisposing men to squamous cell carcinoma of the head and neck (SCCHN). In this study, using cytogenetic analysis and fluorescence in situ hybridization we analyzed: 16 cell lines derived from primary and recurrent SCCHN, a group of 22 samples derived from previously analyzed primary larynx tumors and their corresponding metastases and a group of eight multiple primary tumors received from two different locations within the head and neck region of the same patients.

In the majority of analyzed cell lines we found both loss of chromosome Y and SRY-probe signals (68.7% of samples) and these were nearly always found in the analyzed metaphases. The whole chromosome Y was usually lost, but in two cases we observed translocation of this chromosome to chromosomes 1, 3 and 17.

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Among all primary tumors, 14 (63.6%) and 15 of their metastases (68.2%) showed a loss of chromosome Y in a prevailing number of analyzed nuclei. Also, in the group of primary tumors and second primary tumors, all samples had a loss of the chromosome Y in the majority of analyzed nuclei. (C) 2003 Elsevier Ireland Ltd. All rights reserved. [References: 22]

Publication Type
Article

Citation 82.

Authors

Zerajic D. Finsen V.

Title

Dupuytren's disease in Bosnia and herzegovina. An epidemiological study - art. no. 10

Source

BMC Musculoskeletal Disorders. 5:10, 2004 Mar 29.

Abstract

Background: It is generally held that Dupuytren's disease is more common in northern than in southern Europe, but there are very few studies from southern European countries.

Methods: We examined the hands of 1207 men and women over the age of 50 years in Bosnia and Herzegovina.

Results: The prevalence of Dupuytren's disease was highly age-dependent, ranging from 17% for men between 50-59 years to 60% in the oldest men. The prevalence among women was lower. The great majority only had palmar changes without contracture of the digit. The prevalence was significantly lower among Bosnian Muslim men than among Bosnian Croat and Serbian men and significantly increased among diabetics. No association could be detected between Dupuytren's disease and smoking, alcohol consumption or living in rural or urban areas.

Conclusion: We conclude that, contrary to previous opinion, Dupuytren's disease is common in Bosnia and Herzegovina. [References: 27]

Publication Type
Article

Citation 83.

Authors

Na KS. Sawant AA. Cocker DR.

Title

Trace elements in fine particulate in western Riverside County, matter within a community CA: focus on residential sites and a local high school

Source

Atmospheric Environment. 38(18):2867-2877, 2004 Jun.

Abstract

Measurements of mass concentrations of 35 trace elements (TEs) and of total fine particulate matter (PM_{2.5}) were conducted at 20 residences and six high school rooms in Mira Loma, California, from September 2001 to January 2002. Sulfur (S) and silicon (Si) were the most abundant TEs measured (excluding a residence with heavy smokers). On average, total TE concentrations were lower indoors relative to outdoors; the proportion of TEs in total PM_{2.5} was also lower indoors relative to outdoors. Among indoor sites, TE concentrations were found to be

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

lower inside the schoolrooms relative to inside the residences. Environmental tobacco smoke (ETS) was found to contribute significantly to elevated levels of total TE inside residences; however, concentrations of carcinogenic TEs were not significantly different between residences with and without smokers. Potassium (K) and chlorine (Cl) were the most abundant species in a residence with frequent indoor smokers. Combustion-related elements were more enriched inside the residences relative to crustal elements. (C) 2004 Elsevier Ltd. All rights reserved. [References: 30]

Publication Type
Article

Citation 84.

Authors

Tuomilehto J.

Title

Impact of age on cardiovascular risk: implications for cardiovascular disease management

Source

Atherosclerosis Supplements. 5(2):9-17, 2004 May.

Abstract

Cardiovascular disease (CVD) represents a major global healthcare problem. The prevalence of this condition increases with age. As many Countries around the world are experiencing an increase in the proportion of elderly people in the population, this raises serious issues for cardiac and cerebrovascular disease prevention and management. A wealth of data has established smoking, dyslipidemia, hypertension and type 2 diabetes as major risk factors for cardiac and cerebrovascular events. This article reviews the evidence that links these metabolic risk factors with an increased risk of complications, and assesses the data concerning how risk changes with age. This review also focuses on how these conditions can be optimally managed and whether treatment outcomes are affected by age. The current status of research is assessed and issues which remain to be resolved are highlighted. (C) 2004 Elsevier Ireland Ltd. All rights reserved. [References: 62]

Publication Type
Article

Citation 85.

Authors

Quentin T. Henke C. Korabiowska M. Schlott T. Zimmerman B. Kunze E.

Title

Altered mRNA expression of the Rb and p16 tumor suppressor genes and of CDK4 in transitional cell carcinomas of the urinary bladder associated with tumor progression

Source

Anticancer Research. 24(2B):1011-1023, 2004 Mar-Apr.

Abstract

Based on the concept that tumor suppressor genes are involved in the pathogenesis of urinary bladder carcinogenesis, we analysed the mRNA expression of the retinoblastoma (Rb) and p16 (CDKN2, INK4A, MTS1) genes as well as of the proto-oncogene cyclin D-dependent kinase 4 (CDK4) in 71 transitional cell carcinomas (TCC) of the urinary bladder in relation to the tumor grades and stages, and with reference to certain lifestyle and occupational risk factors. Using real-time quantitative reverse transcription-polymerase chain reaction, high-stage muscle invasive TCC expressed the Rb, p16 and CDK4 mRNA at lower levels than low-stage superficial cancers, indicating down-regulation to be linked with tumor progression. The drop of the

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

expression in the group of grade 2 TCC when invading the muscle layer compared to grade 2 carcinomas with a superficial pattern of growth is considered to represent a key event in promoting urothelial carcinogenesis in this subset of carcinomas. The protein expression of the Rb gene evaluated by immunohistochemistry proved to be closely related to the tumor grades and stages as well as to the mRNA expression, high-grade and high-stage TCC disclosing a lower rate of positive immunoreactivity than low-grade and low-stage carcinomas. The p16 protein product was expressed at a lower level in grade 3 than in grade 1 TCC, but there was no correlation with the tumor stages or the mRNA expression. TCC with loss of heterozygosity (LOH) at the INK4A region showed a decreased expression of p16 mRNA compared to those without an allelic loss. Tobacco smoke was not identified to substantially modulate the Rb/p16/CDK4 pathways, except for a ten fold elevated mRNA expression of the p16 gene in TCC of light compared to heavy smokers. Heavy coffee consumption was associated with a reduced expression of CDK4 mRNA. Among occupational exposures, TCC of patients in contact with stone dust, paints and lacquer, plastics, wood and wood preservers and chemical solvents and adhesives displayed altered partly elevated, partly reduced levels of Rb, p16 and CDK4 mRNA compared to non-exposed subjects. Although the underlying molecular-genetic pathways are not yet fully understood, the current results suggest functional reduction of the tumor suppressor genes Rb and p16 to be associated with progression of bladder cancer to a more malignant and aggressive behaviour. [References: 51]

Publication Type
Article

Citation 86.

Authors

Haringhuizen A. van Tinteren H. Vacsen HFR. Baas P. van Zandwijk N.

Title

Gefitinib as a last treatment option for non-small-cell lung cancer: durable disease control in a subset of patients

Source

Annals of Oncology. 15(5):786-792, 2004 May.

Abstract

Background: We describe 16 months' single-institution experience with gefitinib ('Iressa', ZD1839) used as 'ultimum refugium' for pretreated non-small-cell lung cancer (NSCLC) patients.

Patients and methods: Toxicity, response and survival data of NSCLC patients participating in a compassionate-use program with gefitinib were reviewed. Documented disease progression and confirmation of the absence of other treatment options were requested. Oral gefitinib at a dose of 250 mg/day was given until disease progression, unacceptable toxicity or death. Cox's proportional hazards model was used to analyze relationships between factors and probability of survival.

Results: Rapid disease precluded treatment in eight cases. Of 92 evaluable patients, one-third had a baseline performance status (PS) of greater than or equal to 2. The main side-effects of gefitinib were grade 1-2 diarrhea and skin rash. A disease control rate of 46% (objective response rate 8.7%) and 1-year survival of 29% were documented. Histology (adenocarcinoma) and a 'never-smoking' history were predictive of response. Number of previous chemotherapy regimens, gender, time since diagnosis and time since last chemotherapy lacked such an association. Radiotherapy during gefitinib treatment was well tolerated and was associated with prolonged survival in a patient with multiple brain metastases. Multivariate analyses revealed a significant

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

impact of PS on survival. A 'never-smoking' history, adenocarcinoma/bronchoalveolar-cell carcinoma and female gender showed a trend towards better survival outcomes.

Conclusion: Gefitinib's single-agent activity in a group consisting of pretreated NSCLC patients is confirmed. Side-effects of gefitinib were mild. Prolonged survival was associated with good PS and less significantly with a never-smoking history, female gender and histology. Additional studies on mechanisms of tumor control and selection of target populations for this remarkable new drug are warranted. [References: 40]

Publication Type
Article

Citation 87.

Authors

Cayuela A. Rodriguez-Dominguez S. Lopez-Campos JL. Candelera RO. Matutes CR.

Title

Joinpoint regression analysis of lung cancer mortality, Andalusia 1975-2000

Source

Annals of Oncology. 15(5):793-796, 2004 May.

Abstract

Background: Previous analyses of lung cancer mortality were based on models of death rates within one time period, assuming that rates increase or decrease with time at a constant rate. The aim of this work is to analyse recent changes in lung cancer mortality trends in Andalusia (Spain) during the period of 1975-2000 using joinpoint regression models.

Patients and methods: Mortality data were obtained from the Death Registry of Andalusia. For each gender, age group-specific and standardised (overall and truncated) rates were calculated by the direct method (using the world standard population). The joinpoint analysis was used to identify the best-fitting points where a statistically significant change in the trend occurred.

Results: Lung cancer is the leading cause of cancer mortality in men, with an increasing trend up to 1994. After that year, rates began to decrease significantly (-1.8% yearly from 1994 to 2000). Standardised rates in women exhibited a downward trend until the early 1990s, after which they levelled off (overall standardised rates) or increased significantly (truncated rates 35-64 years).

Conclusions: An increase in lung cancer mortality has been observed in young women. There seems to be a relationship with the prevalence in smoking in men and women. [References: 13]

Publication Type
Article

Citation 88.

Authors

Nix P. Lind M. Greenman J. Stafford N. Cawkwell L.

Title

Expression of Cox-2 protein in radioresistant laryngeal cancer

Source

Annals of Oncology. 15(5):797-801, 2004 May.

Abstract

Background: Radiotherapy is the principal modality used to treat early stage laryngeal cancer. Unfortunately treatment failures occur in 10-25% of patients. Subsequent salvage surgery is

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

technically more difficult, with increased complication and failure rates. The ability to predict or prevent radioresistance would improve the poor survival associated with this disease. Cox-2 is an inducible enzyme involved with prostaglandin synthesis. We investigated a potential role for Cox-2 in predicting radioresistance in laryngeal cancer.

Patients and methods: Using immunohistochemical techniques we examined the expression of Cox-2 protein in 122 pre-treatment laryngeal biopsies. All tumours were treated with single modality radiotherapy (curative intent). The group comprised of 61 radioresistant and 61 radiosensitive tumours matched for T stage, laryngeal subsite, gender and smoking history.

Results: Cox-2 expression was detected in 41 of 61 (67%) biopsy samples from patients with radioresistant tumours and 25 of 61 (41%) radiosensitive tumours. Overexpression was significantly associated with radioresistant tumours ($P = 0.004$). Cox-2 has a 67% accuracy in predicting radiotherapy failure.

Conclusion: Cox-2 may have prognostic value in predicting response to radiotherapy. Cox-2 inhibitors such as NS-398 have been shown to enhance the effects of radiotherapy. We suggest that their use may be beneficial in patients who are destined to fail radiotherapy. [References: 33]

Publication Type
Article

Citation 89.

Authors

Verma PK. Sandhu MS. Mittal BR. Aggarwal N. Kumar A. Mayank M. Bhattacharya A. Anand RK. Grover A.

Title

Large spontaneous coronary artery dissections - A study of three cases, literature review, and possible therapeutic strategies

Source

Angiology. 55(3):309-318, 2004 May-Jun.

Abstract

Spontaneous coronary artery dissection is rare, but is now being increasingly recognized as a prominent cause of acute ischemic coronary events occurring usually in relatively young patients, predominantly females. The authors describe the clinical course of 3 patients (1 woman) in whom large spontaneous coronary artery dissections developed. All had diverse clinical presentations; 1 presenting with heart failure, the second with post-myocardial infarction angina, and the third with syncope. The second patient underwent coronary angioplasty with multiple overlapping stents while in the other two, it was the considered opinion to continue aggressive medical therapy. The 1-year follow-up was uneventful in all 3 patients. The risk factors ascertained in our patients were diabetes mellitus, smoking, and hypertension. [References: 45]

Publication Type
Article

Citation 90.

Authors

Lesperance F. Frasare-Smith N. Theroux P. Irwin M.

Title

The association between major depression and levels of soluble intercellular adhesion molecule 1, interleukin-6, and C-reactive protein in patients with recent acute coronary syndromes

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Source

American Journal of Psychiatry. 161(2):271-277, 2004 Feb.

Abstract

Objective: This study was conducted to determine whether or not depression is associated with higher levels of inflammatory markers in patients recovering from acute coronary syndromes.

Method: Plasma levels of soluble intercellular adhesion molecule 1 (sICAM-1) and interleukin-6 (IL-6) and the serum level of C-reactive protein were measured in 481 patients 2 months after hospitalization for acute coronary syndromes. Diagnosis of major depression was based on the Structured Clinical Interview for DSM-IV.

Results: Depressed patients showed significantly higher sICAM-1 levels, a difference that remained significant after adjustment for potential confounders (gender, smoking, presence of metabolic syndrome). Although there was no significant association between depression and IL-6, there was an interaction between depression and statin therapy for levels of C-reactive protein. Depressed patients not taking statins had markedly higher C-reactive protein levels than did nondepressed patients. There was no relationship with depression in those receiving statins.

Conclusions: These results suggest chronic endothelial activation among depressed patients after acute coronary syndromes. Further research is needed to determine whether or not higher levels of sICAM-1 may identify a subgroup of depressed patients at particularly high risk for cardiac events among patients with established coronary artery disease or among those without previous coronary artery disease. [References: 35]

Publication Type
Article**Citation 91.****Authors**

Burkman R. Schlesselman JJ. Ziemann M.

Title

Safety concerns and health benefits associated with oral contraception [Review]

Source

American Journal of Obstetrics & Gynecology. 190(4 Suppl S):S5-S22, 2004 Apr.

Abstract

Since the introduction of hormonal contraceptives in the 1960s, there have been a variety of both health benefits and safety concerns attributed to their use. In most instances, the noncontraceptive benefits of oral contraceptives (OCs) outweigh the potential cardiovascular risks. In fact, the probability of a patient experiencing a cardiovascular event while taking a low-dose OC is very low. However, smoking, hypertension, obesity, and diabetes are risk factors that must be taken into account when prescribing OCs. The neoplastic effects of hormonal contraceptives have been extensively studied, and recent meta-analyses indicate that there is a reduction in the risk of endometrial and ovarian cancer, a possible small increase in the risk for breast and cervical cancer, and an increased risk of liver cancer. Finally, many women will experience noncontraceptive health benefits with OCs that expand far beyond pregnancy prevention. Some of these benefits include reduction in menstrual-related symptoms, fewer ectopic pregnancies, a possible increase in bone density, and possible protection against pelvic inflammatory disease. (C) 2004 Elsevier Inc. All rights reserved. [References: 104]

Publication Type
Review

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Citation 92.**Authors**

Yilmaz MB. Guray U. Guray Y. Cihan G. Caldır V. Cay S. Kisacik HL. Korkmaz S.

Title

Lipid profile of patients with aortic stenosis might be predictive of rate of progression

Source

American Heart Journal. 147(S):915-918, 2004 May.

Abstract

Background Aortic stenosis is one of the most commonly encountered valvular pathology requiring surgery in developed countries. There are similarities between risk factors for coronary atherosclerosis and the development of aortic stenosis. We designed a retrospective study, evaluated the lipid profile and previous echocardiographic recordings of patients with aortic stenosis, and searched the association of rate of progression and lipid profile.

Methods and results The annual rates of progression in the peak and mean aortic gradients were 8.5 ± 3.2 and 6.7 ± 2.2 mm Hg/year, respectively. We classified the annual rate of progression of peak aortic gradient into 2 groups, group 1 with <10 mm Hg ("slow progressors") and group 2 with ≥ 10 mm Hg annual rate of progression ("fast progressors"). The annual rate of progression in group 1 was significantly higher than that in group 2, both in peak and mean aortic gradients (12 ± 4 PLUSMN; 2 mm Hg and 6.4 ± 1.6 PLUSMN; 1.3 mm Hg; 9 ± 1.3 PLUSMN; 1.3 mm Hg and 5.2 ± 1.1 PLUSMN; 1.1 mm Hg; $P < .001$ for both). There was a highly significant difference between group 1 and group 2 for total cholesterol/high-density lipoprotein (HDL) cholesterol level ratio (7.1 ± 1.4 vs 5.2 ± 1.3 , $P < .001$). There was a significant correlation between annual rate of progression in peak gradient and total cholesterol/HDL cholesterol level ratio ($r = 0.399$, $P = .009$). Smoking ($P = .024$, $\text{Beta} = 0.26$), presence of coronary heart disease ($P = .011$, $\text{Beta} = 0.31$), and total cholesterol/HDL cholesterol level ratio ($P = .004$, $\text{Beta} = 1.98$) were independently predictive of fast progression of the peak aortic gradient in the regression analysis.

Conclusion In a small group of patients from Turkey with aortic stenosis, there seems to be an association between the rate of progression and total cholesterol/HDL cholesterol level ratio, with fast progression occurring in the group with higher ratios. [References: 14]

Publication Type
Article**Citation 93.****Authors**

Shalauta MD. Saad R.

Title

Barrett's Esophagus

Source

American Family Physician. 69(9):2113-2118, 2004 May 1.

Abstract

Gastroesophageal reflux disease (GERD) is a condition commonly managed in the primary care setting. Patients with GERD may develop reflux esophagitis as the esophagus repeatedly is exposed to acidic gastric contents. Over time, untreated reflux esophagitis may lead to chronic complications such as esophageal stricture or the development of Barrett's esophagus. Barrett's esophagus is a premalignant metaplastic process that typically involves the distal esophagus. Its presence is suspected by endoscopic evaluation of the esophagus, but the diagnosis is confirmed by histologic analysis of endoscopically biopsied tissue. Risk factors for Barrett's esophagus

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

include GERD, white or Hispanic race, male sex, advancing age, smoking, and obesity. Although Barrett's esophagus rarely progresses to adenocarcinoma, optimal management is a matter of debate. Current treatment guidelines include relieving GERD symptoms with medical or surgical measures (similar to the treatment of GERD that is not associated with Barrett's esophagus) and surveillance endoscopy. Guidelines for surveillance endoscopy have been published; however, no studies have verified that any specific treatment or management strategy has decreased the rate of mortality from adenocarcinoma. Copyright(C) 2004 American Academy of Family Physicians. [References: 31]

Publication Type
Article

Citation 94.

Authors

Stuart BJ, Viera AJ.

Title

Polycythemia vera

Source

American Family Physician. 69(9):2139-2144, 2004 May 1.

Abstract

Polycythemia vera is a chronic myeloproliferative disorder characterized by increased red blood cell mass. The resultant hyperviscosity of the blood predisposes such patients to thrombosis. Polycythemia vera should be suspected in patients with elevated hemoglobin or hematocrit levels, splenomegaly, or portal venous thrombosis. Secondary causes of increased red blood cell mass (e.g., heavy smoking, chronic pulmonary disease, renal disease) are more common than polycythemia vera and must be excluded. Diagnosis is made using criteria developed by the Polycythemia Vera Study Group; major criteria include elevated red blood cell mass, normal oxygen saturation, and palpable splenomegaly. Untreated patients may survive for six to 18 months, whereas adequate treatment may extend life expectancy to more than 10 years. Treatment includes phlebotomy with the possible addition of myelosuppressive agents based on a risk-stratified approach. Agents under investigation include interferon alfa-2b, anagrelide, and aspirin. Consultation with a hematologist is recommended. Copyright(C) 2004 American Academy of Family Physicians. [References: 27]

Publication Type
Article

Citation 95.

Authors

Holmes RL, Fadden CT.

Title

Evaluation of the patient with chronic cough

Source

American Family Physician. 69(9):2159-2166, 2004 May 1.

Abstract

Patients with chronic cough should avoid exposure to irritants that can trigger cough, and those who smoke should stop smoking. Patients who develop chronic cough in association with angiotensin-converting enzyme inhibitor therapy should be switched to an agent from another drug class. If cough persists, a chest radiograph should be ordered to rule out malignancy and other serious conditions. Postnasal drip syndrome, asthma, and gastroesophageal reflux disease are the most likely causes of chronic cough in adults. If postnasal drip syndrome is suspected, a

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

trial of a decongestant and a first-generation antihistamine is warranted. Pulmonary function testing with a methacholine challenge is the preferred test for confirming the diagnosis of asthma. Gastroesophageal reflux disease usually is diagnosed based on the symptoms and after a trial of therapy. If the cause of chronic cough remains unclear, high-resolution computed tomographic scanning of the chest, bronchoscopy, and referral to a pulmonary specialist may be indicated. The approach to diagnosing chronic cough in immunocompromised patients and children is similar to the approach in immunocompetent adults. However, a CD4+ cell count can help determine the potential for opportunistic infections in immunocompromised patients. Respiratory tract infections, asthma, and gastroesophageal reflux disease are the most common causes of chronic cough in children. Foreign body aspiration should be considered in young children. Congenital conditions, cystic fibrosis, and immune disorders are possible diagnoses in children with chronic cough and recurrent infection. Copyright(C) 2004 American Academy of Family Physicians. [References: 31]

Publication Type
Article

Citation 96.

Authors

Maggi P, Lillo A, Perilli F, Maserati R, Chirianni A.

Title

Colour-Doppler ultrasonography of carotid vessels in patients treated with antiretroviral therapy: a comparative study

Source

AIDS. 18(7):1023-1028, 2004 Apr 30.

Abstract

Objectives: To evaluate the correlation between antiretroviral therapy (ART) and lesions of the carotid vessels using an ultrasound colour-Doppler technique.

Design: A total of 293 HIV-1 infected patients underwent epiaortic vessel ultrasonography: 105 on treatment with protease inhibitors (PI) (group I), 125 PI-naïve patients treated with a non-nucleoside reverse transcriptase inhibitor-including regimen (group II), and 63 patients treated with two nucleoside reverse transcriptase inhibitors or naïve to ART (group III).

Methods: Intima characteristics, pulsation and resistance indexes, and minimal, peak and mean speed were evaluated using a colour power doppler. Atherosclerotic plaques were described. Independent risk factors and values for glycaemia, cholesterolaemia and triglyceridaemia were considered. Statistical analysis included the Wilcoxon tests, the chi(2) test, the Cochran Armitage trend test and the Mantel-Haenszel test and, when necessary, logistic regression analysis.

Results: Of the 150 group I patients, 55 (52.4%) presented acquired lesions of the vascular wall at ultrasonography, whereas similar lesions were found in 19 out of 125 (15.2%) patients in group II and in nine of 63 (14.3%) in group III. ART, age, smoking and CD4 T-cell count were the main predictive risk factors for vascular lesions. However, the highest significance was with the use of PI.

Conclusions: These data confirm the higher prevalence of premature carotid lesions in the PI-treated patients. A periodic ultrasonographic study of the vascular wall should be included in the follow-up of HIV infected patients. (C) 2004 Lippincott Williams Wilkins. [References: 20]

Publication Type

<http://gateway2.ovid.com/ovidweb.cgi>

6/23/2004

Article

Citation 97.

Authors

Vikgren J. Boijesen M. Andelid K. Ekberg-Jansson A. Larsson S. Bake B. Tylen U.

Title

High-resolution computed tomography in healthy smokers and never-smokers: a 6-year follow-up study of men born in 1933

Source

Acta Radiologica. 45(1):44-52, 2004 Feb.

Abstract

Purpose: To elucidate whether emphysematous lesions and other high-resolution computed tomography (HRCT) findings considered associated with smoking are part of a progressive process, and to measure the extent to which similar changes are found in never-smokers.

Material and Methods: Healthy smokers and never-smokers were recruited from a randomized epidemiological study and investigated with a 6-year interval. Emphysema, parenchymal and subpleural nodules, ground-glass opacities, bronchial alterations, and septal lines were evaluated in 66 subjects (40 smokers, 11 of whom had stopped smoking in the interval, and 26 never-smokers). Lung function was tested.

Results: All except emphysematous lesions were present to some extent in never-smokers. Emphysema, parenchymal nodules, and septal lines occurred significantly more in current smokers, and a progression in extent of emphysema, ground-glass opacities, bronchial alterations and septal lines was seen. There was no significant change among those who stopped and never-smokers except for bronchial alterations, which progressed in never-smokers.

Conclusion: In healthy, elderly never-smokers a low extent of various HRCT findings has to be considered normal. Emphysema, parenchymal nodules, and ground-glass opacities are indicative of smoking-induced disease. Further progress may cease if smoking is stopped. [References: 40]

Publication Type

Article

Citation 98.

Authors

Laloux P. Galanti L. Jamart J.

Title

Lipids in ischemic stroke subtypes

Source

Acta Neurologica Belgica. 104(1):13-19, 2004 Mar.

Abstract

In secondary prevention, reduction of the risk of recurrent ischemic stroke might be expected with statins if a correlation can be established between hyperlipidemia and ischemic stroke or some specific ischemic stroke/TIA subtypes. However, such correlation remains controversial, and more particularly with the etiologic stroke/TIA subtypes. Few studies have evaluated the plasma lipid profile in different ischemic stroke subtypes, and notably in lacunar infarctions and cardio-embolic strokes.

The objectives of this case-control study was to determine (1) which cholesterol fractions is

associated with large vessel disease (LVD), small vessel disease (SVD), and cardioembolic disease (CED); (2) whether hypertriglyceridemia is related more to any particular stroke subtype; and (3) whether the lipid profile is different between LVD and SVD which are both responsible for atherothrombotic cerebral ischemia.

From a cohort of 485 patients, were selected 240 consecutive cases with ischemic stroke (n = 182) or transient ischemic attack (n = 58) due to a single etiology. The levels of total cholesterol (total-C), LDL-cholesterol (LDL-C), HDL-cholesterol (HDL-C), and triglycerides (TG) were measured in 61 patients with LVD, in 65 with SVD, and in 114 with CED, and compared with age- and sex-matched control subjects. Additional analysis was performed to compare the lipid profile between LVD and SVD after adjustment for other risk factors.

Compared to controls, the total-C level was significantly higher in patients with SVD (p = 0.005) and LVD (p = 0.018). A significant increase in the LDL-C level (p < 0.004) and a significant decrease in the HDL-C level (p = 0.001) were only observed in the LVD patients. The three stroke subtypes showed higher TG levels than the controls (CED, p = 0.037; SVD, p < 0.001; LVD, p = 0.014). The plasma lipid profile was similar in the SVD and LVD subtypes except for HDL-C, which was significantly lower in LVD than in SVD (p = 0.047). Logistic regression adjusted for confounders showed that decreased HDL-C (p = 0.020), and smoking (p = 0.019) were significant discriminative factors for LVD vs. SVD.

In conclusion, this controlled study shows that hypertriglyceridemia is commonly found in patients with ischemic cerebrovascular disease whatever the etiologic subtype, whereas hypercholesterolemia is related more to SVD and LVD. In addition to hypertension and diabetes, hypercholesterolemia may also be involved in the etiology of SVD and differs from LVD by a lower decrease in HDL-C. [References: 55]

Publication Type

Article

